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ABSTRACT

This document consists of the two 2002 issues of a UNESCO newsletter addressing topics related to adolescent well-being in the Asia-Pacific region, particularly reproductive and sexual health. Each issue includes news from the region on various initiatives related to adolescent health and education, as well as Web links and publications on the subject. Countries covered in the two issues include Bangladesh, Cambodia, China, India, Lao PDR, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Uzbekistan, and Vietnam. The brief articles provide various statistics, program descriptions, guidelines, concerns, and recommendations related to improving adolescent reproductive health and general well-being in the region. (KB)

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Adolescence Education Newsletter, 2002.

Vol. 5, No. 1-2 Jun & Dec, 2002

Carmelita L. Villanueva, Editor
Lichelle Dara Espada-Carlos, Editor

Regional Clearing House on Population Education and Communication (RECHPEC) of UNESCO Asia and Pacific Regional Bureau for Education

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ADOLESCENCE EDUCATION NEWSLETTER

REPRODUCTIVE HEALTH: EVERYBODY'S CONCERN

IN THIS ISSUE

Empowering adolescents

Opportunities for semi-literate and illiterate adolescent girls in Nepal are widened through a range of activities and a platform for their voices to be heard. Similarly, in-school and out-of-school adolescents in Bangladesh are receiving reproductive health education while stakeholders around them are sensitised to their needs. To know how national NGOs are making these stories happen, turn to page 23.

Building networks

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Reproductive health training courses offered in UK and USA

Working for ARH in Asia

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Countries sharing their strategies are Bangladesh, Cambodia, China, India, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Uzbekistan and Vietnam

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NGOs in Nepal and Bangladesh respond to challenges faced by young people

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HIV/AIDS prevention: A challenge for networking and partnership between young people and governments

The youth's participation in the recently concluded inter-country Workshop on Networking and Partnership between Young People and Governments on HIV/AIDS Prevention for East and Southeast Asian Countries was another milestone in involving the young people to address one of the grim realities they face.

The workshop was held in Bangkok, Thailand, from 18 to 22 March 2002. Participants came from ten countries, representing the youth, national AIDS programme managers, collaborating ministries, international non-governmental organisations (NGOs), and UN agencies. The participating countries were Cambodia, China, Indonesia, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, the Philippines, Thailand, and Vietnam.

The workshop objectives were: 1) to contribute towards the goals of the International Conference on Population and Development and the United Nations General Assembly Special Session on AIDS, specifically on increased access of young women to information, education, and services necessary to develop life skills required to reduce their vulnerability to HIV infection; 2) to promote networking and partnership between adolescents/youth and governments and NGOs, and among adolescents themselves; and 3) to identify practical approaches and recommendations for further action.

The workshop was divided into four sessions. Session 1 tackled country issues on adolescents' access to HIV/AIDS-related information and services, and youth's participation in HIV-related programmes. A second phase of the session focused on the recommended types of information and services based on the different stakeholders' perspective – youth, programme managers, adults, representatives of international NGOs, bilateral donors, and UN agencies. Session 2 discussed matters on networking and partnerships related to HIV/AIDS. Session 3 covered the participants' visit to four NGOs implementing community-based programmes on HIV/AIDS prevention. These organisations were the Association for the Promotion of the Status of Women (APSW), Thai Concern Foundation, EMPOWER, and ACCESS. Session 4 was devoted to discussions on various networking modalities of reaching out to critical

Dr. Ghazi Farooq (centre) delivers his opening address, and youth participate in discussions during the inter-country workshop on HIV/AIDS prevention

Country presentations bared the fact the young people's access to HIV/AIDS-related information and services has not been adequate. Based on the different stakeholders' (youth, programme managers, adults, representatives of international NGOs, bilateral donors, and UN agencies) discussions, the types of information and services deemed most important in dealing with the HIV/AIDS challenge are:

Information

- Definitions and modes of transmission of STDs including risky behaviour and risky situations (alcoholism and drug abuse)
- Preventive actions
- Fertility and sexual behaviour (unplanned and unsafe sex)
- Symptoms of infection
- Availability of services and programmes (location, how to avail, and providers)

Programme managers pointed out that information should be in culturally and ethnically appropriate language and suitable for various geographical areas (rural and urban settings).

Services

- Accessible, youth-friendly clinics (with young counsellors, social workers and volunteer doctors providing free services and guaranteeing anonymity)
- Youth-friendly IEC materials in places where youth gather
- Mass media programmes
- Counselling and testing, peer education for high-risk groups
- Mobile STI services for men
- Readily available and affordable condoms
- Telephone hotlines
- STI diagnosis and management
- Risk and harm reduction programmes

groups of young people, such as in-school youth and young working people, through mass media and other culturally appropriate communication channels. Session 5, which capped the five-day workshop, dealt with the participants' recommended follow-up actions on networking and partnership for HIV/AIDS prevention.

In his opening address, Dr. Ghazi Farooq, Director of the UNFPA Country Technical Services Team for East and Southeast Asia underscored the importance of the youth's participation in the workshop. The growing population of young people, particularly in East and Southeast Asia, has faced serious threats from HIV and AIDS, Dr. Farooq stated. He added that HIV/AIDS is not confined only to marginal groups but it has also entered into the mainstream of society, with more than half of the new HIV cases occurring among persons aged 15-24. Parents, educators, counsellors, health workers, and the media have not been teaching young people about the disease or how to protect themselves and others from contracting the disease, Dr. Farooq explained. In this light, access to information, education and services, three essential elements for young people to develop life skills needed to reduce vulnerability to HIV, could be improved through the promotion of networking and partnerships among young people, governments and NGOs.

Ms. Geena Gonzales, a representative of the Asia Pacific Network of People Living with HIV, stressed on the necessity of partnership and networking in the fight against the disease. Dr. Koji Okamoto, Director of the Office of International Cooperation, Japan's Ministry of Health, Labour and Welfare, expressed hope that the workshop would contribute to enhanced networking for the promotion of HIV/AIDS-related activities. Dr. Surapong Subwonglee, Thailand's Deputy Minister of Health, presented an overview of the HIV/AIDS situation and what the country has done to address the situation. He reported that over 90 per cent of the 50,000 yearly AIDS-related deaths were among people aged 15-24. He added that the estimates of the number of new infections by single year age groups showed HIV transmission occurring disproportionately among the young, particularly the 15-24 age group. These are the ages when men are inclined to visit sex workers regularly and when many young people are getting married, thus, increasing the potentials of exposure to HIV risk, Dr. Surapong explained.

Capping the five-day workshop is the presentation by country groupings of recommended follow-up actions on networking and partnerships for HIV/AIDS prevention. Included in the discussions were the groups' recommendations on **partnership and networking modalities in increasing access to information and services.**

GROUP A – Cambodia, Lao PDR and Vietnam

Design programmes to meet information needs:

Youth should be involved in situation analyses and needs assessment, mapping the current network of different stakeholders, and providing input for policies, research and strategies, work plan design, resource mobilisation, implementation and monitoring and evaluation.

Follow-up actions:

Disseminate the report of the workshop to stakeholders and friends; undertake advocacy and policy development measures; review and revise programmes so that they would reflect adolescent reproductive health and HIV/AIDS issues; work for greater exposure of young people in forums on ARH and HIV/AIDS; involve the youth in the network and in the processes for providing information and services; and plan to set up, where they do not exist, hotline services.

GROUP B – China and Mongolia

With regard to partnership modalities, the country representatives pointed out that the youth leaders of existing organisations working with youth should be invited to participate, and efforts should be made to collaborate with both formal and informal education systems. They recommended the creation of an inventory of organisations working with youth within countries, and the establishment of electronic discussion groups and linkages with existing electronic resource centres.

Follow-up actions:

Initiate discussions with youth organisations, plan and implement activities with them; and set up an "e-discussion" group among participants of the present workshop.

GROUP C – Indonesia, Malaysia and Philippines

Meet information needs of the youth:

In general, the group sees the need for young people in providing input to national planning boards and national AIDS commissions. In particular, the youth can be represented in inter-agency committees.

Partnership modalities:

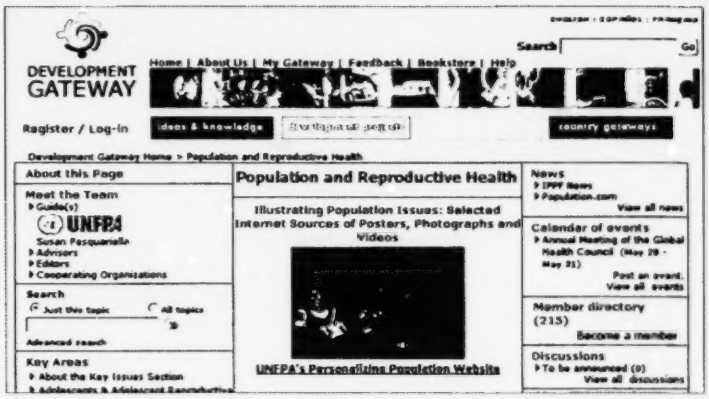
These can either be formal or informal. Hence, the group recommended written commitments such as policy statements in national development plans. Specific recommendations are: information sharing through existing networks, including "virtual" networks, collaboration in joint programmes, and forums; identification of focal points and the scope of work to be done by each party; and partnership in the preparation of work plans, monitoring and evaluation of programmes, and resource mobilisation.

GROUP D – Myanmar and Thailand

The group recommended the following actions: establishment of a working group of programme managers and youth; integration of different youth groups into a single committee; and giving equal opportunities for decision-making to adults and youth. In terms of promoting interagency networking, the group recommended the following: invitation for UN agencies to form international networks; using the Internet in facilitating contacts among network members; and organisation of national and international workshops to establish such a network.

UN Population Fund and the Development Gateway launch portal on population and reproductive health

New Internet initiative to strengthen knowledge sharing and exchange



The United Nations Population Fund (UNFPA) and the Development Gateway Foundation announced on April 2002 in New York the launch of the POP/RH Portal, an Internet initiative focusing on population and reproductive health. The Portal will provide a community-built database of shared population information, including data, research, projects, ideas and dialogue. It will also seek to promote innovative knowledge-sharing arrangements among expert organisations in the field.

The POP/RH Portal (http://www.developmentgateway.org/pop) is being built in collaboration with 12 partner institutions from the population community, linking to resources on their websites and to those of other population and development organisations. It covers the key topics and actions identified in both the Programme of Action of the International Conference on Population and Development (ICPD) convened in Cairo in 1994 and the 1999 United Nations General Assembly special session which reviewed implementation of the ICPD.

With the launch of the POP/RH Portal, the UNFPA becomes the first United Nations agency to establish a topical website within the Development Gateway system. UNFPA will manage and "guide" the Portal with technical support from the Development Gateway team.

Notable features include a news service; a bulletin board; an events calendar; several search features; a shared population/reproductive health projects database containing information contributed by donor agencies such as the United States Agency for International Development, the World Bank and the UNFPA; and a discussion forum on reproductive health and population topics. Visitors to the website are able to sign up for free membership, which entitles them to receive regular updates on new resources that are added. The website is best viewed under Internet Explorer.

"UNFPA is very pleased to be working in partnership with the Development Gateway on this important knowledge-sharing initiative," said Thoraya Obaid, Executive Director, UNFPA. "We see the POP/RH Portal as a great way to connect people with the knowledge they need."

"Improved knowledge-sharing and networking in the population and reproductive health fields can make a critical contribution to human development and poverty reduction in the developing world," said Carlos Braga, Senior Manager of the Informatics Programme at the World Bank, and responsible for the Development Gateway Portal.

Contributed by Susan Pasquariella, Coordinator, UNFPA

TRAINING COURSES

Announcement

Youth Development & Reproductive Health (YDRH 12): Designing Asset-Based Programmes that Respond to Adolescent Needs
8 July – 2 August 2002, Washington, DC, USA. For more information, email Ms. Ketty Jeramillo, Workshop Coordinator, CEDPA, Washington, DC, USA at: kjaramillo@cedpa.org or visit CEDPA website at: http://www.cedpa.org

Short Course in Sexual and Reproductive Health Research
24 June – 19 July 2002, UK. For more information, send an email to: shortcourse@lshtm.ac.uk or write to: Short Courses, Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square, London, WC1B 3DB, England, Tel: + 44 171 299 4648; Fax: + 44 171 323 0638

Make a Difference: A Strategic and Multisectoral Approach to HIV/AIDS Communication Workshop
22 April – 10 May 2002, Baltimore, Maryland, USA. For more information, send an email to: nbouver@jhuccp.org (Ms. Nicloe G. Bouver)

IPPF/GTZ Course on Young People: Implementing a Sexual and Reproductive Health and Rights Approach
22 September – 2 October 2002, Cambridge, UK. For more information, email: youthcourse@ippf.org

BANGLADESH

WBVHA airs adult talk for teenagers

No more peeping at adult shows or books for curious adolescents. For the first time in Bengali television history, a tele-serial is offering adolescents a new forum focusing on physical and psychological problems that teenagers face.

The West Bengal Voluntary Health Association (WBVHA) has produced the serial *Sandhikshan*, which has been broadcast in ATN World since March 8, 2002. It is currently aired every Friday at 2030–2100 h (Indian time). The 13-episode programme answers the queries of teenagers through stories. Myths about masturbation, kissing, physical relationships, AIDS and misconceptions on various sexual aspects of adolescence are discussed in the programme through real-life situations. Utpal Chakraborty, a teacher by profession, directs *Sandhikshan*.

The serial has been conceived after a detailed study in 1,235 schools all over the state and after conducting several seminars, researches and workshops with students, their parents and experts for the last couple of years.

Sandhikshan deals with sexual problems in particular as adolescents are most curious about them but are shy to bring them up to their parents or teachers. The serial also highlights how parents should tackle their children's problems and respond to their queries, which parents often avoid.

The programme also includes interactive sessions on AIDS, drug-addiction-related problems, child labour and juvenile crime. The programme's expert panel that will share experiences and help solve adolescent problems comprises the Minister of State (health) Pratyush Mukhopadhyay, noted actress and singer Ruma Guha Thakurta, television personality Bratati Bandyopadhyay, gynaecologist Udita Gupta, psychologist Suranja Ganguly, principals and teachers from various city schools and eminent personalities from all walks of life.

Sandhikshan TV Serial Episodes

1. Lonely Midday
2. Role of Media
3. Unwanted Pregnancy
4. Adolescence in Boys
5. Adolescence in Girls
6. Adolescence at Pavement
7. Tiffin Time is Stolen
8. Child Labour
9. AIDS
10. Coaching Centre
11. Addiction – West Orientation among Youth
12. Parents' Quarrel – Child's Inconvenience
13. Overall Discussion

Contributed by Tarun Kr. Maiti, Coordinator, West Bengal Voluntary Health Association, Calcutta, India

Integrated education, health and capacity building project for adolescent girls makes significant impact in community

The project called "Integrated Education, Health and Capacity Building of Adolescent Girls (Rural Component)" has succeeded in achieving its objectives, and in its overall approach, sustainability and relevance in addressing the development needs and critical issues of a highly vulnerable target group – the adolescents. This was the main finding of a recent evaluation conducted in January 2002.

Nari Maitree launched the UNESCO-funded project in Mahismara Union of Madhupur Thana

Nari Maitree provides family life education to adolescent girls

in Tangail district with a view of reducing the vulnerability of adolescent girls and improving their socio-economic capacity as they learn to manage their reproductive health needs and develop other qualities that enable and empower them to contribute to the development process by pursuing delayed marriage and limiting the size of their own families.

Through the project, Nari Maitree has provided income-generation training and micro-credit to 60 adolescent girls, essential health services to 72, family life education to 225, and leadership and participation capacity development training to 144 adolescent girls.

Findings revealed that the project centre provided its learners a pleasant and relaxing atmosphere, a sense of security and a feeling of ownership. The teacher-learner relationship appeared friendly and positive. The attendance rate of the learners was quite satisfactory, and they spontaneously participated in the skill development classes. Information gaps in reproductive health knowledge of unmarried adolescents were largely addressed.

While the project has already made considerable contributions to the community, the evaluation set forth several recommendations. For example, indicators of learning progress should be developed and administered. Community leaders should be involved in the activities. Separate programmes for unmarried and married girls as well as boys should be undertaken.

In the end, the Nari Mairee project has overcome all constraints such as non-acceptance of the programme by local religious and community leaders and reluctance of parents or guardians in sending their adolescent girls (whom they consider to have attained marriageable age) to the centre.

Adolescent girls receive income-generation training from the Integrated Education, Health and Capacity Building of Adolescent Girls Project

Contributed by Ansar Ali Khan, Director, UNESCO Dhaka

CAMBODIA

Two UNFPA Goodwill Ambassadors pave way for young generation

HIV is spreading at an alarming rate in Cambodia, especially among young people between 15 and 35 years. The epidemic is seriously affecting the health, socio-economic development and living standard of Cambodian people.

In Japan, on the other hand, the incidence of suicide is increasing, especially among young people.

The different problems facing young people in these two countries were highlighted when UNFPA Goodwill Ambassadors, Ms. Yuko Arimori of Japan and Dr. Chea Samnang of Cambodia, met in Phnom Penh. Ms. Arimori, an Olympic silver medallist and one of Japan's most famous athletes, visited Cambodia in February as part of an advocacy initiative. She hoped to raise funds from the Japanese public to support UNFPA's efforts to improve youth sexual and reproductive health in Cambodia through a TV documentary of her visit.

"Cambodia is a very poor country and many young people have HIV/AIDS," Dr. Samnang told his counterpart. "Young people are the key to our country's development. But now their future is threatened by HIV/AIDS." The popular singer and actor, who is also a medical doctor, explained that young people's sexual behaviour in Cambodia has changed. "Many Cambodian youths ignore strict traditional customs and have sex before they marry."

"It is very good if the younger generation can follow tradition," said Dr. Samnang. However, he added that if young people decide to be sexually active then the priority is to make sure they use condoms.

Although information about HIV/AIDS may be more freely available to Japanese youth, Ms. Arimori stressed that there are still problems. "Young Japanese women are not so demanding that their partners use condoms," she said. "Young men are the ones who decide if condoms will be used."

Ms. Yuko Arimori asked Dr. Samnang to send his message to young Japanese men on this matter. "Young men should love their own

lives," he said. "If they do not use a condom they are the ones who risk infection."

"Please, think about your own future. Today you're an ordinary person but maybe you have the potential to be the future Prime Minister of your country, so don't forget about condoms," he added.

The UNFPA Goodwill Ambassador for Cambodia recalled his day spent at a youth camp organised by a group of NGOs as part of the EC/UNFPA youth reproductive health programme. At the camp, located in the coastal resort of Sihanoukville, Dr. Samnang spoke about the prevention of HIV/AIDS, positive behaviour change and the need to use condoms. He wants to see more events like this to attract the interest of young Cambodians and help them to understand more about how to protect themselves from HIV/AIDS.

Asked about the situation in her own country, Ms. Arimori said: "In Japan HIV/AIDS infection among young people has not become serious yet, but unfortunately more and more Japanese young people commit suicide."

"Japan is an economically advanced country, but this does not mean we necessarily appreciate the dignity and value of human life. If we compare to the understanding that people in a poor country have about the importance of life it is much more than the Japanese," she emphasised. "I think the developed countries can also learn from developing countries in this matter."

Dr. Chea Samnang shared his concerns with the Goodwill Ambassador for Japan on the issue of HIV/AIDS, which has been dubbed as Cambodia's "second killing fields".

"Cambodia has the highest rate of HIV/AIDS among the Asian countries. We want the youth to recognise the seriousness of the problem. Cambodia has been in civil war from the 1970s until the late 1990s. People did not study during the war but when peace came so many young people were affected by HIV/AIDS. What will our country's future be with that kind of situation?" asked Dr. Chea Samnang.

Cambodia's National Aids Authority estimates that the direct and indirect costs resulting from HIV infection in Cambodia, between 1997 and 2006, will exceed two billion US dollars if measures to control and prevent the spread of HIV are not implemented.

Besides human suffering, HIV/AIDS will incur health expense, loss of employment and family breakdown. In the near future a large number of young people will become sick and die of AIDS, and it is their parents who will have to care for them and the orphaned grandchildren.

Contributed by Khieu Kola

CHINA

Evaluation declares ARH Pilot Project in Shanghai and Beijing a success

The Adolescent Reproductive Health (ARH) Pilot Project was started in 1998 by the China Family Planning Association under the UNFPA Reproductive Health/Family Planning (RH/FP) Project. The evaluation in 2001 provided evidence of the project's success in testing a variety of styles and methods to raise sexual health awareness among youth.

The project was undertaken in several high schools throughout Minghan District, Shanghai, and in three universities in Beijing. Students themselves, with contributions from researchers and evaluators, conducted the evaluation at the end of the project. They used focus group discussions, interviews and self-administered questionnaires for the assessment.

Peer education "followed the principle of equality and was a learning process for everyone involved, wide-reaching, effective and it furthermore broke down the taboo of not being open about sex in the classroom."

Lecturer from People's University

Over the project's lifetime, the local family planning institutions working with different educational establishments, conducted a variety

of interventions including peer education activities, lectures, quizzes, exhibitions, reading activities, development and distribution of IEC materials such as VCDs and leaflets, computer education and a music concert.

The evaluation showed that many of the interventions were appropriate, systematic in design and relevant in content, thus having an effect on knowledge and attitude levels and a profound and lasting influence on students, teachers, parents, health workers and policymakers.

Local leaders, teachers and students endorsed the project, particularly its peer education activities which were successful in providing the students with both knowledge and useful skills. The evaluation survey from Shanghai showed that knowledge levels of students were raised at an average of between 10 and 40 per cent. Although the students had many other sources of sexual health information, peer education classes were clearly an important source above all others. In Beijing, the computer increasingly became an important source of sexual health information after the pilot project included a component conducted via computers.

Results from Beijing were harder to interpret as some of the knowledge levels dropped while others rose. Although several students thought that their attitudes had not changed, they felt that the interventions helped them to clarify issues and become more secure in their opinions. Others said they were now better able to deal with issues from an ethical stance and in both Beijing and Shanghai, attitudes towards people living with AIDS (PLWA) became more positive.

The project had a large impact beyond its initial aims and beneficiaries. In Beijing, the youth peer educators at the People's University conducted a series of activities in one of the local middle schools. They also developed a project assisting PLWA, which went on to receive funding from UNICEF. After the success of peer education activities became apparent in Shanghai, the local Family Planning Association played a large role in advocacy and dissemination of findings to other schools and organisations. It also participated in different conferences and meetings for education and health at international, national and local levels. Plans to expand the peer education model to other middle schools within the pilot district are underway.

Contributed by Magnus Bjork, Programme Officer, UNFPA China

China Family Planning Association releases new HIV/AIDS education materials

New materials on HIV/AIDS education and training are now out in the field:

The Adolescent Reproductive Health Peer Education – A Trainer's Manual is a complete guide for conducting a three- to four-hour training for first and second year university students. It includes topics such as values clarification, peer education, love, sexuality, unwanted pregnancy and STD/HIV/AIDS. It involves various methods such as brainstorming, discussions, mini-lectures, tests and games.

The Adolescent Reproductive Health Peer Education – Training Manual for Series Theme Class Meeting comprises nine sessions lasting 40 to 50 minutes each. It is intended for first and second year senior middle school students. The sessions include the following: discussion on value and ground rules of the theme class meeting; adolescent period; discussion on friendship; love; understanding of sexuality; making responsible decisions; preventing STD/HIV/AIDS; say no to drugs; and goal in life.

Play it Safe – Handbook for Adolescent Health contains chapters on human reproductive physiology, hygiene, self-respect, protective measures for safe sex and resources on the Internet.

The China Family Planning Association under the UNFPA Pilot Project in China produced the first two materials. *Play it Safe* is a joint publication of the China Family Planning Association and the People's University.

Contributed by Magnus Bjork, Programme Officer, UNFPA China

Study identifies gender bias in secondary school textbooks

All-out efforts have to be made to prepare gender bias-free textbooks, concluded a study carried out by the Regional Institute of Education, Mysore, in 2001. The researchers, Professor Rao, Ms. Sharma and Mr. Raj, looked into high school (classes VIII-X) textbooks used in teaching English as a second language. Altogether three books from the Karnataka State syllabus and ten from the Central Board of Secondary Education (CBSE) were selected for content analysis and reviewed against a checklist of items relevant to classifying gender bias.

It was found that the textbooks upheld the message of male dominance instead of fostering the basic idea of equality between sexes. In the textbooks, males were predominant in number, strength of characterisation, occupational status, and the language used. Here are specific examples:

Number representation. The number of male characters often outweighed that of female characters. This was most striking in the state syllabus and the CBSE syllabus for Course B, where only a quarter or less of the characters were females.

Portrayal of roles. The occupation assigned for males were developmental and for females, traditional (e.g., mother, grandmother, wife).

Removal of gender bias in textbooks will liberate the younger generation from gender stereotypes.

Illustrations. Barring a few exceptions, most of the textbook illustrations were general in nature or male-oriented.

Language used. Males were labelled as active, brave, strong and supporting females were described as lovely, loving and dependent. Female examples were often excluded and lessons were totally male-oriented. The terms *man, mankind, he, and his* were often used to represent human being(s).

The researchers believe that the removal of gender bias and discrimination in textbooks will liberate the younger generation from gender stereotypes, allowing them to realise their true potential – one that is not bound to societal norms.

Contributed by Sudha V. Rao, I/c Population Education Cell, Regional Institute of Education, Mysore, India

Youth, gender, well-being and society: translating research findings into interventions

The International Center for Research on Women (ICRW) is coordinating intervention research studies on adolescent reproductive health and sexuality in India, with a focus on developing effective programmes within the broad context of adolescents' lives, their families and their communities.

The Rockefeller-funded project has two phases. Phase I, Identifying Adolescent Sexual and Reproductive Health Concerns, was undertaken in four sites and completed in 1999. The key findings of Phase I revealed a lack of power and decision-making opportunity for adolescent women, and even more so for unmarried adolescent women. Specifically, the following problems were revealed: sexual activity before marriage with little information about reproductive anatomy, physiology, sex and contraception; high prevalence of reproductive tract infections among adolescent women; use of induced abortion to end or space pregnancies; and inefficient reproductive health services or under-utilised gynaecological services for adolescents.

The findings formed the basis for the design of Phase II intervention studies, Building Effective Programmes to Address Adolescent Sexual and Reproductive Health Concerns, within the broader context of adolescents' lives. The interventions chosen in Phase II, currently underway, address five broad concerns in adolescent reproductive health and sexuality: capabilities, skills and support; gender bias; sexuality; reproductive health services and information; and the role of men and boys, family, and community.

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Drawing lessons from counselling services in Delhi University

The rich experience gained by the Delhi University Helpline Counselling Services from telephone counselling, personal counselling, referral services and postal counselling began way back in 1995. Helpline was initiated under the Population Education Resource Centre (PERC) after a pilot study showed a limited level of sexual health awareness among students in Delhi University. Today, Helpline receives four to five telephone calls and two to three personal visits per day. Seventy per cent of Helpline's callers belong to the 19-25 age group, and 80 per cent are male.

What do the callers' questions reflect? Half of the callers' concerns are in the area of sexual health and adolescent sexuality or psychological issues, including depressions. The large number of questions in this area does not only reflect ignorance but also limited communication channels on these issues. It also appears that sexuality is still associated with a sense of guilt, secrecy and shame. The youth do not seem to understand rapid changes during adolescence in a positive perspective.

What is required of the counsellors? Helpline has a panel of volunteers, peers, educators and master counsellors under the supervision of the Head and Dean, Professor T.K.V. Subramanian. In order to help students resolve their problems, counsellors must possess commitment, the ability to empathise, warm communication skills, the ability to keep matters confidential, and non-judgemental attitude. They should be willing to undergo training that will bring about attitudinal exploration and positive change among themselves.

Professor T.K.V. Subramanian addresses peer educators

Who should be involved in the intervention strategies? With the magnitude of problems faced by youth, information, education and communication (IEC) strategies are called for. It is proposed that these strategies be initiated in the family with parents as the key sources of information. Likewise, peer educators followed by teachers and educational institutions have a role to play. All must join hands to address sexual health issues in a positive perspective.

What specific programmes do young students need? It is strongly recommended that specific programmes on reproductive health issues, such as STDs including HIV/AIDS, forced sex, unplanned pregnancy are implemented. The youth need complete information about their own risk of acquiring HIV/AIDS and an open platform for discussing sexual health issues. They have to be encouraged to delay sexual activity until they are prepared to cope with their emotional, contraception and health needs. They also need to develop communication and negotiation skills to deal with the opposite sex.

Dr. Rajesh, the Coordinator of PERC since 1988 writes, "Young people are society's potential for growth and development. Meeting the reproductive health needs, sexual health issues of today's young adults requires . . . investing in the potential of young people to prevent and solve problems for themselves."

Contributed by Dr. Rajesh, Coordinator, Population Education Resource Centre, India

MONGOLIA

Health services for adolescents face challenges

This review of health service provision for adolescents was conducted as part of the UNFIP-funded project "Improving the Outlook for Adolescent Girls and Boys in Mongolia", which is jointly implemented by five United Nations agencies, UNICEF, UNFPA, UNESCO, UNDP and WHO. The WHO component of this project is focused on improving the accessibility and quality of health services for adolescents in Mongolia.

The survey assessment of existing health services for adolescents covered 304 participants from Tsetserleg and Khashaat soums of Arkhangai aimag and the Aimag Health Department; Murun and Tarialan soums of Khuvsgul aimag,

Health services and facilities in Mongolia

- Many of these services are not easily accessible to adolescents due to waiting times; costs; provider attitudes; or lack of adequate consultation time.
- Adolescents at the age group of 16-19 could not pay for the services because they are not covered by health insurance.
- A number of specific adolescent sub-groups, such as school drop-outs; street youth; the disabled; boys or young men; and youth living in remote and rural regions are not well served and are at risk of being excluded from the health system.
- There is a lack of adequate follow-up treatment from screening that is conducted, especially in schools.
- Linkages and referral pathways between different services are not clearly defined, contributing to lack of coordination and continuity of treatment.
- There is a limited range of services offered, mainly screening and treatment of diseases. They do not cater well to adolescent-specific health problems – especially psychosocial problems.
- There is a lack of suitable IEC materials that are adolescent-specific in content and style and that cover a range of health issues; most resources available focus on RH.

the Aimag Health Department and Health Promoting School No. 17; and School No. 5 in Chingeltey District of Ulaanbaatar. Focus group discussions and individual interviews were employed for the survey administered in November and December 2001 by NCHD with the financial support of WHO. Analyses of pre-existing data and information as well as a desk review of government policies and legislation, relevant reports and research findings were conducted. The review was completed in collaboration with the Maternal and Child Health Research Centre, Chingeltey District Health Centre, National Medical University and the Adolescent Future Centre.

Though a range of health facilities provides services to adolescents, the findings showed that young people have limited access to adolescent-specific services and IEC materials. Other findings are summarised below:

Service providers: There are no clear guidelines for the selection of service providers chosen to work with adolescents. Providers are usually selected on the basis of their specialisation as paediatricians or gynaecologists. Throughout all levels of the health system, providers have low skills and lack of training in adolescent health and development and lack of appropriate communication and counselling skills. There are no practice guidelines or job aids to guide providers in the treatment of adolescent health problems, with the exception of some general reproductive health clinical guidelines. Service providers generally feel that they have insufficient time available for adequate consultations with adolescents.

Although the guidelines for adolescents' cabinet doctors were approved, the issue of provision of health services for adolescents was not reflected clearly in these guidelines. There is no information on establishment of adolescent cabinets or guidelines for service delivery, and a list of necessary equipment is also absent. There is no integrated system of standards and programmes of health service delivery for adolescents or training of health professionals.

In the job descriptions of school doctors it is mentioned that they are responsible for school sanitation, hygiene, environment and awareness of school workers' health, in addition to their central task of providing health screening and referral to students. This creates overload for school doctors and limits their capability to provide adolescent-specific health services. At all levels of health service provision, the need for privacy and confidentiality in service provision to adolescents is not clearly spelt out, either in job descriptions or policy documents. This includes family group practice doctors who are responsible for primary health care services provision to the general population.

The current government policy, laws and regulations related to STIs/HIV/AIDS require enforced detection and notification of diseases among the population. This may be in breach of the rights of adolescents, especially those who are under age.

Adolescents: Adolescents generally lack awareness of available services and there are also many barriers to their access. They believe that many service providers have negative, judgmental attitudes, poor communication skills and do not understand their needs. They also fear that their privacy and confidentiality will not be protected. Adolescents generally have low knowledge about their own health needs and problems. They often

prefer to self-treat health problems and may only go to health services as a last resort.

Overall context: In general, the Mongolian Government has provided an appropriate legal environment for the provision of health services for children. However, current laws and regulations reflect only government responsibilities for the health services of children under age 16 and do not consider health services for 16- to 19-year-old children who are unemployed, have moved to the city to study and do not attend schools.

Several laws and policies prohibit the consumption of alcohol and tobacco by adolescents. However, there is inadequate provision for restricting the sale of these products to adolescents. Consequently, the review found that these products are freely available to adolescents (costs withstanding), and are often sold on the campuses and in the dormitories of colleges and universities.

Many of the major health problems identified in the review – dental health; mental health; alcohol consumption; renal, digestive and respiratory system diseases; and sexually transmitted diseases – are preventable. Yet there appears to be no coordinated or systematic approach to the monitoring and prevention of specific adolescent health problems through the development of preventative and health promotion programmes.

Several surveys have been conducted on substance abuse, adolescent reproductive health, and adolescent physical development. However, no in-depth studies on adolescents' health status and morbidity have been conducted. Except for adolescent reproductive health, studies about other adolescent health issues, health services and knowledge and skills of health professionals are nearly absent.

Data collection and surveillance systems are inadequate for gathering age-specific data on health problems and service utilisation, limiting the capacity to effectively monitor and evaluate services and programmes. Researchers generally include only adolescents in the age group up to 16 years, making it difficult to draw meaningful conclusions about adolescent health status.

Contributed by Sodnompil Enkhtuya, Health Management Information and Education Centre, Mongolia

MYANMAR

Training manual upholds community-based approach for youth and women

To facilitate training of youth and married women in health promotion, UNICEF, in collaboration with the Thai Red Cross Society Programme on AIDS, has developed the "Reproductive Health and HIV/AIDS Myanmar Training Manual". This manual emphasises reproductive health, HIV/AIDS/STDs and other issues that are crucial to the lives of youth and women. In addition, it is designed to build counselling, peer education and decision-making skills. It aims to promote not only knowledge and awareness on the issues, but also interaction and support among community members.

The manual is meant for facilitators who conduct training through group discussions. It is written in simple language, as close to the spoken language as possible. It was adapted into the Myanmar language for use by the Myanmar Red Cross Society (MRCS) with youth, and the Myanmar Maternal and Child Welfare Association (MMCWA) with married women.

This manual is the basis for the series of Life Skills and HIV/AIDS Training of national NGOs as well as the joint activities of UNICEF/Ministry of Education on School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) training.

For a copy of the manual, write to the Chief of the Health and Nutrition Section, UNICEF, Myanmar (email: unicef.yangon@unicef.org).

Adolescents and RHI partners develop flipchart on adolescent health and development

The EC/UNFPA-funded Reproductive Health Initiative (RHI) in Nepal has worked closely with governmental and non-governmental partners to develop appropriate information education and communication materials to address adolescents' concerns, problems and needs. RHI Nepal, in close collaboration with adolescents and experts from the Department of Health Services, Ministry of Health, the BP Memorial Health Foundation, and other organisations, initiated the development of a flipchart on adolescent health and development issues for grassroots level volunteers, peer educators and other services providers, including health workers and teachers.

Pre-testing of flipchart on adolescent boys

During a two-day workshop, adolescents, grassroots service providers and adolescent health and development experts collaboratively identified a list of key topics and issues to be covered in the flipchart and suggested appropriate illustrations to be included. On these bases, a team of experts developed the contents, while an artist and a photographer collaboratively developed a combination of illustrations and photographs for each of the key content areas. The output was reviewed in a second workshop and then inputs and comments from RHI partner NGOs and other organisations and experts working in the field of adolescent reproductive health were gathered.

The draft flipchart went through a rigorous round of pre-testing among the various flipchart beneficiaries to obtain feedback on the appropriateness and completeness of content and illustrations. The pre-test employed focus group discussions and other participatory methods involving 28 different groups including literate and illiterate adolescent boys and girls, literate or low-literate service providers, literate or low-literate peer educators, teachers and parents of adolescents. Comments and suggestions for improvements received during the pre-test and final review by experts have been incorporated in the final product.

The final flipchart is divided into three parts. The first part covers physiological changes and related issues such as nutrition, pregnancy, family planning and unsafe abortion. The second part deals with life skills, career development, peer pressure and prevention of sexual exploitation, drug abuse, STDs and HIV/AIDS. Additional information on each content area is provided in the third part for easy reference of users.

The feedback received during the development and pre-testing of the flipchart from the various RHI partners and beneficiaries has been very positive and encouraging indeed. Without exception all people involved in the design commented that the flipchart is urgently needed to facilitate the provision of appropriate information to adolescents addressing their concerns, problems and needs. Five thousand copies of the flipchart will be distributed during the second quarter of 2002.

Contributed by Pragya Shah and Nicolet Hutter, EC/UNFPA RHI Umbrella Project for Nepal

Using participatory methods to define and respond to adolescent needs

The International Center for Research on Women (ICRW) and EngenderHealth along with Nepali partners – the BP Memorial Health Foundation and New Era – are testing the effectiveness of a participatory approach for improving adolescent reproductive health in Nepal. The four-year study initiated in September 1998 was conducted in an urban area at the outskirts of Kathmandu and in the rural district of Nawalparasi. Participatory methods (social mapping, focus groups, body maps, life lines, and so on) were utilised during all phases in the project sites, whereas only traditional research and interventions

(interviews, surveys and others) were implemented in the control sites. The target groups were male and female youth, married and unmarried, between the ages of 14 and 21 years.

It turned out that the execution of the participatory approach had been a difficult and time-consuming effort, requiring more resources and innovation than anticipated. And there was always a question about the extent to which a Nepali community truly owned a project that was conceived, funded, designed, and initiated by outsiders.

Despite the challenges, the research has revealed a more comprehensive understanding of the context in which reproductive health interventions must be designed and implemented. The research confirms many of the findings on ARH worldwide such as young people in Nepal do not have enough accurate information about ARH issues; access to services is generally poor; and boys have better access to information and services than do girls.

At the same time, new and unexpected findings were learned, e.g., young people know more about sexuality and reproductive health more than what is expected in a country where resources and information are limited; parents are very supportive of sexual and reproductive health issues being taught in school; there is strong support for access of family planning services for unmarried adolescents; and Nepali youth dream about and aspire to a future, including education, careers, modern comforts, loving marriages and family lives.

One of the most striking findings of this research is that every category of females – married, unmarried, adolescents and adult – expresses a clear understanding about the paramount importance of financial resources and options, especially as the basis of power in domestic relationships. Since the means to this end are often limited, many adolescent girls view their sexuality as a commodity, allowing the proliferation of "sex-economic" exchanges that go far beyond formal or informal prostitution (e.g., casual sexual relationships, long-term illicit relationships and even marriage itself).

The study also pointed that one of the strongest barriers to the fulfilment of many aspirations for girls is the structure of gender inequality in these communities. It was highlighted that marriage serves as the disjuncture between aspirations and realities for young girls as most of them marry during adolescence, while boys do not. The research concludes that reproductive health interventions must address the above facts that are central to, but beyond reproductive health.

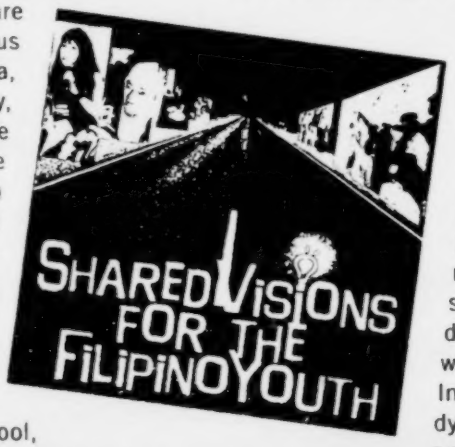
Source: ICRW Information Bulletin, December 2000

PHILIPPINES

Stakeholders share visions for the Filipino youth

Visions of empowerment, openness and a bright healthy future for Filipino youth – these dreams were expressed in eight statements *(see box on page 16)* composed during the Future Search Workshop titled "Responding to the Reproductive Health Needs of the Filipino Youth: Building Alliances for a Shared Vision". The workshop, organised by the Foundation for Adolescent Development, Inc. (FAD) with the support of the Commission on Population and the assistance of the David and Lucile Packard Foundation, was held at Antipolo City, Philippines, on 29-31 May 2001.

Seventy-five workshop participants represented nine stakeholder groups: the youth, parents and caregivers, the school, health care providers, religious groups, the media, civil society, government, and the donor and corporate sector. The youth group voiced out that they want to be heard and respected; to receive guidance from their parents primarily and from the school, church, media and peer groups, secondarily; and to receive opportunities for education and learning. The vision statements that were crafted earlier, in fact, supported all these aspirations.



Unlike conventional conferences, there were no resource persons making speeches during the workshop. Instead, the dynamic and participatory format allowed everybody a chance to voice his or her views and preferences, achieving the workshop's objectives to: (1) learn how the

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Filipino youth have been experiencing adolescence; (2) identify priority issues and concerns in adolescent sexuality and reproductive health (ASRH); (3) arrive at a shared vision for ASRH in the Philippines; and (4) develop possible strategic directions and action plans over the next five years.

Based on the vision statements, action plans were also formulated and alliances were initiated to support each action plan. The plans included holding more conventions and advocacy orientations, developing ARH modules, implementing local health initiatives, building organisations, launching a multimedia campaign and conducting an inventory of youth development researches. The output of the workshop is documented in the report, "Shared Visions for the Filipino Youth".

Contributed by Aurora Silayan-Go,
President, Foundation for Adolescent Development, Inc., Philippines

Vision Statements for Filipino Youth
Responding to the Reproductive Health Needs of the Filipino Youth:
Building Alliances for a Shared Vision, 31 May 2001

1. **Clear ARH policy**

   We believe that the state has the primordial responsibility to protect the rights of the youth regardless of gender, class, religion, age, marital status, and sexual orientation. Therefore, we are guided by a clear ARH policy that empowers the youth supported by all stakeholders. This policy, supported by legislation, creates the condition for sustainable implementation of youth-friendly ARH programmes at the national and local levels.

2. **Youth initiatives and partnership for ARH merged with information towards youth empowerment**

   The Filipino youth strongly believe in the value of ARH and more importantly in the collective activism which springs from a personal level, leading to an institutional commitment. Moreover, all sectors of society have galvanised their efforts in supporting relevant information, education and communication programmes.

3. **Empowered parents and families capable of educating the youth on ARH**

   The family plays a crucial role in the formation of responsible adolescents. It is a shared responsibility to empower the family in educating and raising responsible adolescents and serving as a primary source of support and information on ASRH.

4. **Youth-oriented social institutions**

   We believe adolescence is a complex phenomenon. Improving the RH and welfare of Filipino youth requires a multidimensional response. This calls for coordinated, multisectoral initiative and support which are culturally appropriate, gender-sensitive, sustainable and youth-empowering.

5. **Media as a catalyst for responsible ARH**

   We affirm that the Filipino youth is the hope of our land. We believe that media is an instrument that empowers youth too make informed and responsible choices on ARH. We have collective responsibility to instill positive values by providing balanced and truthful information through creative, innovative, and youth-centred services, activities and programmes.

6. **Ecumenical approach towards partnership in the advocacy for ARH**

   Faith-based communities are engaged in open discussion, continuous dialogue, and concerted effort in responding to the concerns of sexuality reproductive health and adolescent development.

7. **Working together of all sectors for ARH/empowered youth in a youth-friendly environment**

   Realising the uniqueness of adolescence, a youth-friendly environment is imperative. It provides services that are responsive, gender-sensitive and developmentally appropriate to the needs of adolescents. This environment enhances youth participation and is multi-sectoral in scope. It addresses total adolescent health and development, particularly reproductive health.

8. **Crosscutting concerns**

   We envision empowered youth contributing to a healthy society. Our vision is built on our fundamental commitment to comprehensive ARH based on meaningful youth participation and gender equity. This is accomplished through: mobilisation of diverse resources and commitments; capacity building; and continuous research and evaluation.

FAD educates youth through entertainment

For many years, the Foundation for Adolescent Development, Inc. (FAD) has been reaching youth through campus-based programmes and its *Teen Healthquarters*. Related to these efforts, two of its recent activities – a dating game and video production – were designed to educate young people with reproductive and sexual health facts and values while serving their passion for entertainment.

More than a dating game for Valentine's Day

To complement the youth's dynamic lifestyle and to continually entice its young clientele to be aware of their adolescent sexuality and reproductive health needs and responsibilities, FAD has come up with a campus-based programme funded by UNFPA, *Type Kita: Heart's Day Dating Game* – a Valentine's day dating game with brains and values. *Type Kita* are Filipino words that mean "I like you".

Led by FAD-trained Sexter (Socially, Emotionally, Sexually Responsible Teeners), and in cooperation with school administrations, the dating game was successfully organised twice in two partner universities – on February 12, 2002 (at the Technological University of the Philippines) and on February 16, 2002 (at the Lyceum of the Philippines).

Unlike normal dating games whose questions simply showcase the participants' enthusiasm, talents and personality, *Type Kita* has become a vehicle for students to look more closely at things such as dating and relationships. Ordinary dating games only entertain audiences by acting out as a matchmaker, but FAD'S dating game educates and injects values.

Fun and puns livened up *Type Kita*. When it came to the latter part of the programme wherein the prepared "serious and unexpected" situational questions were asked by the male/female date searchers (and explained together with their corresponding values by the emcees), the participants' impressive and well thought answers, as well as the audience's silence and attentiveness, demonstrated how the questions piqued young minds.

Winning couple of *Type Kita* dating game

Here is how one of the questions goes: "Imagine yourself as my boyfriend of three years. Our relationship is going strong until I confess that I had a fling when you were having your educational tour in Mindanao, and now I am one month pregnant. How will you react and what are the steps you would do after I tell you?" A tough and sensitive question but Filipino youths have proven that there are still many young men and women who have a good head on the shoulders.

Ordinary dating games only entertain audiences by acting out as a matchmaker, but FAD'S dating game educates and injects values.

Such a person is Felix Francisco, the winning male searcher of the Lyceum of the Philippines, when he gave the most honest and realistic answer: "At first it would be difficult for me to accept what you did and I can honestly say I would be hurt. The best course of action that I would take is that I will allow you to decide what's best for you. If you want to keep the baby and sever our relationship, I would accept your decision. But if you keep the baby and still want us to be together, then I would welcome both you and the baby. I didn't love you for three years just to throw it all away because of one incident. I will instead marry and take the responsibility of both husband and father to you and your child, but both of us have to wait until we have graduated from school and would be stable enough to have a family before we engage ourselves to marriage."

Filipino students who attended the game show in their respective schools had been given new views that in relationships nothing should be taken for granted, including dates. The dating game throbbed with a youthful pulse and at the same time, encouraged participants and audience alike to be more responsible and vigilant in their relationships.

Educational videos for youth

In another FAD effort, talented artists and responsible celebrities were invited to star in five new video productions. Intended as educational tools for FAD's Teen Healthquarters, the videos focus on what FAD observed as sexuality concerns of young people in their various programmes.

The video *Pagdudurog – Buhay Impiyerno* ("Drug Abuse – A Life in Hell") is presented as a documentary with TV host Mr. Paolo Bediones as anchor. In the *Sexcapades Show* video, Gusting Towers (played by Melvin Lee of PETA), a local version of Hollywood's Austin Powers, provides basic information about HIV/AIDS through a musical gag show.

In the sexual harassment video entitled *Taray o Aray* ("Safe or Sorry!"), which follows a game show format, newscaster Ms. Ces Drilon distinguishes fact from fiction as a "sexpert". In *Sugat sa Ugat* ("A Wound at the Core"), the harsh realities of incest rape and sexual abuse are annotated by actress Ms. Jackie Lou Blanco. Ms. Dulce Aristorenas of the Vagina Monologue presents the commonly held myths about sexuality and relationships in *Pito-Pito: Top 7 Mga Maling Akala sa Sex* ("Top 7 Sex Myths").

The artists performing in the productions were given recognition for their support to youth development when the videos were launched on 26 April 2002 at the Makati Shangri-la Hotel.

Contributed by Cecilia C. Villa, Executive Director, Foundation for Adolescent Development, Inc.; "More than a dating game for Valentine's Day" article by Precious Candungan, Editor-in-Chief of CHANGE Newsletter

The condom adopts a 'user-friendly' image

Banner for condom campaign of FPASL

A striking black banner dominated all other festive banners strung across the capital city of Colombo throughout the month of December 2001. The banner depicted a stylised condom, friendly and smiling. This was part of the "Condom Social Marketing Programme" launched by the Family Planning Association of Sri Lanka (FPASL). Having commenced in December 2001, the programme will continue through till June 2002. This programme was awarded to the FPASL and funded by the National STD/AIDS Control Programme of the Country's Ministry of Health. It aimed to project the condom – the simplest of protective implements against deadly diseases – in a user-friendly manner.

Despite its widespread availability, the condom is still viewed by the public with some reservations. Removal of barriers to the purchase and usage of condoms is vital to the future well-being of the sexually active population. The campaign addresses these issues by taking on a multi-pronged approach to be implemented in two phases. During the first phase, a generic campaign on condoms would be initiated stressing on the fact that the condom is the best protection against the deadly scourge of AIDS and other sexually transmitted infections. The campaign would also "demystify" the condom, making it a part of every sexually active adult's life, in effect, changing social attitudes and behaviour towards the condom.

There are many social stigmas attached to condom usage – for example, women are hesitant to go to a shop to purchase a condom; and discussion on its use, even between two sexually active people is not easily initiated. In fact, the unfounded myths surrounding its actual use are often baseless.

One of the prime thrusts of the campaign is to familiarise "high-risk" groups with the condom. These would be commercial sex workers, beach boys, officers of the armed forces, homosexuals and migrant workers. For these promotions, the print and electronic media would be mobilised aggressively so that the public could reap the benefits of this campaign.

Vulnerable sections of society could reduce their risk of contracting dreaded diseases if they use condoms. A popular misconception is that only homosexuals and commercial sex workers need to use condoms on a regular basis. But people who patronise commercial sex workers as well as people infected with HIV not yet developed into full-blown AIDS are also at high risk.

The Family Planning Association has retained the services of a Mobile Publicity Services company to carry out 105 events in 105 towns covering 19 districts throughout the country. Thirty-five night shows and 70 day events will be held as part of this campaign. Interactive games and night film shows will be part of the activities. Banners will be displayed in prominent places in the towns where these events will be held. Educational materials as well as gifts and souvenirs will be distributed.

It is proposed to enlist the help of thirty community-based organisations in rural areas for the campaign. These organisations will be provided with financial assistance to produce ten locally based events, such as drama competitions, street skits, poster competitions, marches and parades. This will eventually result in 300 such events which will no doubt, help to familiarise the public with the condom.

Presently, Sri Lanka's AIDS incidence is relatively low when compared to other South Asian countries. This could be attributed to the positive attitude shown by the community towards mass-educational campaigns. It is envisaged that such campaigns would result in a negligible percentage of AIDS-inflicted persons, which would endorse the campaign's success.

An independent body, Market Behaviour Lanka Ltd., will conduct two studies to assess the success of the campaign. One would verify the perception of the community as regards condoms and the other would assess the attitudes of the retailers of condoms.

Article by Andrea Boekel, Public Relations Officer, Family Planning Association of Sri Lanka

FPASL survey ushers in sexual and reproductive health clubs in schools

The introduction of sexual and reproductive health clubs in six Sri Lankan schools was conceived out of the findings of a baseline survey conducted by the Family Planning Association of Sri Lanka (FPASL) at the beginning of 2002. The survey assessed the knowledge of adolescents and youth on sexual and reproductive health issues such as various sexual taboos, virginity, STIs and AIDS. For this purpose, 40 schools – 20 rural and 20 urban – were selected.

It stood out that most of the youth obtained their knowledge of sexual and reproductive matters from friends and peers. Often this resulted in confusion and misunderstanding. Although the youth were very keen to have access to literature and other means of knowledge, none were available.

Funded by JOICFP (Japanese Organisation for International Cooperation in Family Planning), UNFPA and the International Planned Parenthood Federation (IPPF), a new awareness campaign in sexual and reproductive health among adolescents took off. Two groups of youth, aged 10-14 and 15-19, were identified as targets.

UNFPA and IPPF representatives requested that a strategy be put forward for this campaign. Subsequently, a pilot project – the introduction of sexual and reproductive health clubs – was proposed. Six schools in the Gampaha district (the North Western Province of Sri Lanka) were selected and FPASL officials paid several visits to form strong bonds with the school administration bodies as well as the teachers and students. It is notable that the youth themselves had a hand in all the decisions regarding the formation of these clubs. The six schools – Dankotuwa Balika Maha Vidyalaya, Kochikade Maha Vidyalaya, Pilapitiya Maha Vidyalaya, Rajaye Vijaye Vidyalaya, Nagasena Maha Vidyalaya and Walgama Maha Vidyalaya – are all co-educational institutions with the exception of Dankotuwa Balika MV, which is a girls' school. (*Vidyalaya* is Sinhala for *school*).

After much debate, it was decided to call these clubs *Yovun Kendraya* (meaning "Youth Centre" in the Sinhala language), with the name of the school preceding it. The clubs chose two shades of purple as their colour. The SRH club of each school consists of a patron, who is the principal of the school, a president, a vice president, a secretary, an assistant secretary, a treasurer and an editor. The school principal also identifies two teachers particularly interested in youth activities to oversee and assist the functioning of the clubs. A student committee of six members is included.

Presently, the Family Planning Association of Sri Lanka is in the process of training the student committee members in the correct methods of sharing knowledge to their peers and the project seems to generate a lot of enthusiasm among the youth. The two teachers also attend the training sessions.

Because of the severe dearth of IEC materials, the students themselves were encouraged to compile their own. FPASL pledged to assist them in this regard and provided audio-visual equipment to achieve maximum outreach. This consisted of a colour TV set, a VCD player, a screen, an overhead projector, a wooden cabinet to secure the TV set and a steel cabinet. The schools provided separate rooms to be used as "club houses" and these were decorated in the chosen shades of purple. To ensure that the equipment functions smoothly, FPASL also provided a project coordinator and an audio-visual technician on call.

The students will be encouraged to commemorate special days such as World AIDS Day, World Environment Day, World Population Day and hold special events like stage dramas, poster competitions and so on. FPASL has pledged its unilateral support to help make these events successful by providing assistance and advice.

It is hoped that through these clubs, messages with correct understanding of young people's own sexuality will reach more adolescents and youth and will result in the prevention of scourges such as AIDS and STDs.

The project is proposed to continue until December 2003. Depending on the outcome and available funding, the purple flag may then be flying to other schools in the country.

Article by Andrea Boekel, Public Relations Officer, Family Planning Association of Sri Lanka

Student members of the *Yovun Kendraya*

UZBEKISTAN

IEC project develops reproductive health pamphlets

Recognising the need for sexual and reproductive health materials for Uzbeks, especially adolescents, an IEC (information, education and communication) project funded by UNESCO-UNFPA has published several pamphlets in the local language. Some of the IEC materials are described below:

Useful Advice to Young Couples gives tips for keeping a family healthy. It lists guidelines for: reducing pregnancy risks as well as risks of delivering unhealthy children; maintaining a balanced diet; observing good hygiene; and using contraception.

Protection from AIDS in Your Hands explains the basics of AIDS – what it is, how it is acquired, and ways to prevent it.

What Interval is Necessary for Birth Spacing? discusses the importance of proper birth spacing and the available contraceptive methods that will help maintain ideal birth intervals.

Specific Peculiarities of Breastfeeding tells the advantages of breastfeeding and includes recommendations in order for a baby to get the maximum benefit from breastfeeding.

The Basic Facts about Contraception outlines the pros and cons, health risks a.id effectiveness of different methods of contraception – the pill, mini-pill, condom, IUD, diaphragms and cervical caps, injection, sterilisation, natural methods, spermicides and withdrawal.

What is an STD? is a 16-page brochure describing common STDs, causes, treatments, symptoms, preventive measures, precautions and safety practices.

Contributed by Komiljon Akhmedov, UNESCO, Tashkent Office

VIETNAM

TV, football and advocacy campaign promotes adolescent reproductive health

Banking on the popularity of television and football among Vietnamese adolescents pays off. This was in fact the strategy behind the recent advocacy campaign in Vietnam television, where a series of films on adolescent reproductive health was aired during football match breaks.

To promote the participation of a wide range of Vietnamese adolescents and young people in advocating the needs and action for adolescent reproductive health, the Alliances Project (AP) for Adolescent Reproductive Health and the EC/UNFPA Reproductive Health Initiative supported Vietnam National Television (VTV3) in organising a national advocacy campaign titled "Voice of Adolescents and Youth on Need and Action on Adolescent Reproductive Health" from October to December 2001.

The 20-minute films were aired twice per month during the campaign period. The topics covered friendship and love; sexuality education;

Forum: follow-up to advocacy campaign

Following the national advocacy campaign "Voice of Adolescents and Youth on Need and Action on Adolescent Reproductive Health", a one-hour forum "What Adults Do for Adolescents" was held and shown on Vietnam National Television on 31 March 2002. The objectives of the forum were: (1) to advocate for needs of adolescents on reproductive health; (2) to interview related sectors and organisations on their strategies and plans in supporting ARH; and (3) to create opportunities for adolescents to dialogue with policymakers on ARH issues.

Participating in the forum were representatives from the Ministry of Education and Training, Youth Union, UNFPA, VINAFPA, NCPFP, Youth House and about 200 adolescents and young people from universities, secondary schools in Hanoi and guests including parents and teachers. This forum facilitated an enabling environment for dialogue among adolescents, policymakers, educators and parents.

In the forum, adolescents and young people raised many questions on reproductive health. Leaders and policy makers were interviewed on strategies and plans for supporting ARH with a focus on three main issues: sexual activities among adolescents, pregnancy and abortion, and STDs/HIV. Through adolescents' stories, needs and concerns over RH problems, participants expressed various useful comments and views on further promoting and supporting youth programmes that should involve more participation of young people in designing, implementing and monitoring of the activities to meet their needs.

unwanted pregnancy and contraceptive methods; sexually transmitted infections (STIs) & HIV/AIDS among adolescents; male responsibility and involvement in the adolescent reproductive health care programme; and needs of adolescents for ARH knowledge and services.

By broadcasting the spots during football breaks, Vietnamese adolescents – the primary target group – and stakeholders such as parents, teachers and policymakers were reached.

Contributed by Caroline Kent, RHI Press and Media Contact, German Foundation for World Population; and Phuong Huong, Center for Population Studies and Information, Vietnam

Young performers reach young people in rural Vietnam

Having a solid understanding of adolescents' issues and needs in reproductive health (RH) is critical in designing appropriate RH interventions. Best practices prove that people learn best from two-way communication, especially when recipients of information are made to feel enthusiastic and involved. Interactive theatre incorporates a forum with active participation of young people, whereby they can express and discuss their concerns in lively ways in their own living contexts.

Interactive theatre was developed as a component of the project RAS 98/P41 – Improvement of Reproductive Health Services and Information for Adolescents in Nine Communes of Nghi Loc District, Nghe An – in collaboration with the District Youth Union. The purpose of this component is to contribute to achieving one of the project's objectives, which is increasing the availability of and demand for reproductive health information among young women and adolescents of both sexes.

A group of 12 dynamic young people were carefully selected from a number of on-site activities in the nine project communes in Nghi Loc to form a troupe of young performers. Through a series of training activities over 60 days, the troupe has gained essential skills and knowledge in interactive theatre, communication, facilitation, and ARH. This process has enabled the troupe to organise and conduct IEC performances on ARH.

Starting from June 2001, the troupe has been able to manage itself in planning, organising and performing. Every month, they conduct about 10 to 14 performances in schools and communes of the project area. In fact, the troupe has already made surprising progress after their first month of intensive performing – feedback from audience and the troupe themselves as well as local authorities has been very positive. According to them, interactive theatre is a completely new theatre style in Nghi Loc and considered an appropriate approach in RH education for young people.

The troupe is still focussing its time and effort on improving their ARH knowledge and performing interactive theatre with audiences. It plans to conduct more performances with a wide range of audiences as part of the extension process.

Operating as a youth-to-youth intervention, the troupe helps adolescents and young people of Nghi Loc explore and initiate dialogues on ARH and other related issues in their community. Through interactive theatre activities with the audience, the troupe provides basic information on RH and related issues, deliver IEC materials, and refer audience to qualified RH counselling services and information. To carry out those specific tasks, the troupe conducts independent performances as well as collaborates with other counselling and IEC groups, such as CHC staff and village volunteer women, commune ARH clubs, districts and communes' culture and information departments, to put on performances.

The troupe looks forward to opportunities to learn from and exchange experiences with other groups in the country in the coming future.

Contributed by Phuong Huong, CPSI

BEST COPY AVAILABLE

VINAFPA meets unmet needs of street children and other vulnerable groups

Moon Age Club memorial minute for parent gratefulness

The plight of street children in Hue

Every morning through burning summer or frosty winter, leaving from miserable bedding and collapsed houses, children wander the streets to earn a living and save a small amount of money for their families. They mostly do unstable hired work such as cleaning small inns, cleaning dishes in restaurants, picking up bottles and wrapping bags on the streets, selling lottery tickets or daily newspapers, polishing shoes, and so forth. Some of them even resort to picking other people's pockets or begging. On a "lucky day", they earn from $1.00 to $1.50; otherwise, they earn $0.50. In these circumstances, street children are likely to be lured into sexual activities and to fall into sexual abuse. One of them innocently said, "When they give money, what they require to do, I will do."

Street children in Hue

Ranging from 5 to 15 years in age, street children in Hue City come from jobless, indigent families with numerous children. Their parents have to work hard to earn a living and cannot afford to send children to schools and at the same time feed them.

The "Moon Age Club" has gathered these street children in order to give them education and entertainment with the help of other young people – mostly students. The street children were especially counselled on: the rights of children, traffic law for safety, adolescent reproductive and sexual health and HIV/AIDS. On Thursdays and Saturdays, they had been attending job-training courses such as sewing, sculpture, painting, knitting and carving.

By participating in the club activities, the street children were able to rise above feelings of inferiority complex and miserable destiny without the warm care of family and society. The club is a place where they can restore their belief in life, join a community, and discern right from wrong.

The club is part of a strategy responding to the unmet reproductive health needs recognised under project RAS/98/P19, which is implemented by the Vietnam Family Planning Association (VINAFPA).

Minority and underserved groups throughout Vietnam

The project activities of VINAFPA have reached 470 communes, 40 per cent of which are considered poor, ethnic and minority groups or remote and underserved areas. Another project serves ethnic groups in Quang Tri and Binh Thuan. Moreover, the Da Nang FPA has provided reproductive health and family planning services to disabled people in a lepers' village (Van Village, Hoa Hiep Commune, Hoa Vang District, Da Nang City).

The results of VINAFPA's activities are so highly appreciated by the government and local authorities because these meet the social demands in the underserved areas. Thus VINAFPA has been given a prominent status at the national level with respect to its achievements in the area of reproductive health and family planning.

Contributed by Prof. Pham Song, President, VINAFPA

Best commune facilitators join festival on adolescent reproductive and sexual health

One hundred sixty-two of the best commune facilitators from Hanoi and Ninh Binh gathered on 17 February 2002 in Hanoi to participate in a festival on adolescent reproductive and sexual health. These are key persons who provide information and counselling on reproductive and sexual health among parents, adolescents and community. The festival is part of the EC/UNFPA-funded project, RAS/98/P23, "Community Participation in Adolescent Reproductive and Sexual Health Education". This project aims to create a social supportive system to provide comprehensive and appropriate information on adolescent reproductive and sexual health and improve local service delivery.

At present, the project has been implemented in 54 communes of Hanoi and Ninh Binh province with

the participation of 450 commune facilitators. Each commune has one parent club and one youth club that hold regular meetings on ARH, family planning, STDs and sexual health. Since it began in 1998, there have been 540 parent meetings with participation of 38,414 parents and 378 youth meetings with participation of 44,800 young people.

In the festival, facilitators demonstrated different performances including short plays, songs, comic shows and others. Ms. Nguyen Thi Hoai Anh, a facilitator from Hanoi said, "At the beginning, I myself found it's not easy to talk with my two children about this topic. After the training, I understood more and got a better way of communicating this sensitive topic. I brought the material home for my children to read. My husband also read it. My neighbours also read the material and asked me to talk with their children. This project is very useful for both parents and children".

Doctor Nguyen Thi Hoai Duc, Director of the implementing agency, Center for Reproductive and Family Health, said that besides training commune facilitators, the project has developed and disseminated the IEC material *That's Not a Secret* covering different topics of reproductive health. She put more emphasis on roles and working experiences of trained commune facilitators, and parents' skills in communicating reproductive and sexual health issues to their teen children. In her comment of the project activities, Ms. Tran Thi Van, UNFPA Programme Officer in Vietnam, highlighted roles of the community for behaviour change and men's participation in reproductive health. Mr. Hedi Jamai, Coordinator of the Asian RH Initiative, during his visit to Soc Son, Hanoi, claimed that more power to maintain and develop activities is possible only when community responsibility on ARH care is well recognised.

Contributed by Phuong Huong, Center for Population Studies and Information

Best Practices

AMK empowers adolescent girls

Education empowers young people to think critically and positively and increases their confidence and self-esteem and ability to take action to solve problems and develop responsible behaviour. Lack of resources, family household chores, and early marriage and childbearing limit educational opportunities, especially for girls in rural Nepal.

Aamaa Milan Kendra (AMK), a national NGO, is currently implementing two programmes specifically targeted at low-literate and illiterate adolescent girls. The EC/UNFPA-funded Reproductive Health Initiative project activities for adolescent girls are implemented in four districts with technical assistance from the Royal Tropical Institute (KIT). The "Adolescent Girls Initiate for their RH Project" is implemented in one district with technical and financial support from the Centre for Development and Population Activities (CEDPA). Baseline data that have been gathered assisted AMK in designing the project activities and will form the basis for the final programme evaluation, which will be conducted during the third quarter of 2002.

Once a supportive and conducive environment had been created for the project activities, the adolescent girls showed great interest and commitment to enhance their knowledge and skills. More than 8,000 adolescent girls in five districts

Baseline data on adolescent girls in Nepal

- Only half of the adolescent girls are literate, while literacy among adolescent boys is estimated at 70 per cent.
- Nearly half of 15- to19-year-old adolescent girls are married (census 1991) and a fourth of the married adolescent girls are either pregnant or already mothers (NFHS 1996).
- Rates of adolescent pregnancy and childbearing vary inversely with their level of education. The knowledge of low-literate and illiterate girls on sexual and RH issues is remarkably low (AMK/KIT/CREHPA Baseline KAP Survey on RH, 2001):
  - Two fifths of the respondents did not know how pregnancy occurs (38 per cent) or how it can be avoided (43 per cent) and 39 per cent are not aware of any risk involved in early childbearing.
  - When asked to name family planning methods, only 16 per cent spontaneously mentioned condoms, 31 per cent pills and 30 per cent depo-provera injection, while this increased to 65 per cent, 57 per cent and 70 per cent, respectively, after probing. The survey also revealed that only 19 per cent of the respondents were aware of the dual protection function of a condom.
  - Family/relatives (49 per cent), radio (34 per cent), and television (22 per cent) were most often cited as the sources of information on family planning.

actively participated in a three-month training programme (two hours per day; six days per week) on life skills and reproductive health. Positive feedback was received not only from the adolescent girls themselves but also from their parents and the communities that provided venues for the classes. Many girls requested to be included in the programme; and often many more than the selected 15 girls attended the classes. After completing the three-month training programme, all groups continue to meet once a week to share and discuss health and development issues.

The IEC tin trunk library and hygiene kit boxes AMK distributed to each of the 252 project village development committees are regularly used and have dramatically improved the availability and accessibility of appropriate IEC materials at the grassroots level. Additional materials are added to the tin trunk whenever available, such as new issues of the adolescent RH newsletter developed by RHI Nepal.

AMK is also assisting interested illiterate and semi-literate adolescent girls to enrol in formal and non-formal education (NFE) classes organised by other organisations and institutions in the district to further empower them with knowledge and skills. Almost 900 girls have already enrolled in NFE classes and 600 have joined formal education.

Twenty-nine groups of adolescent girls initiated the collection of funds aimed at developing income generating activities or other activities to improve their welfare. Moreover, participants of the adolescent girls' training programmes have actively imparted their newly acquired knowledge on RH among their friends and family members and have been actively involved in the organisation of awareness campaigns during international and national events such as World AIDS Day, Condom Day and National Immunisation Day. The adolescent girls organised various cultural programmes in close collaborations with VDC and health officials. Through folk dance, song and drama, they disseminated information on RH and the special health needs of adolescent girls in the communities. Striking is the success story of the adolescent girls of Khadaiya village in Rupandehi district: before the AMK project was initiated, none of the children in the village were sent to school, while this year 12 boys and 3 girls have enrolled in primary education.

Another positive outcome of AMK's adolescent girls' empowerment programme is the recently concluded first-ever national congress for adolescent girls. Facilitated by AMK and supported by government officials of various departments and CEDPA, the two-day congress was organised on 14-15 March 2002 in Pokhara, Nepal, with the main objective of advocating the needs of adolescent girls. More than 200 adolescent girls from the five AMK project districts actively participated in the congress. The adolescent girls themselves entirely run the congress, from programme planning to chairing sessions, announcing agenda items, inviting speakers and facilitating discussions. Adolescent girls strongly raised their voices and demanded urgent action to address their main concerns, problems and needs, which included: lack of education and employment opportunities; lack of access to appropriate health information and services; early marriage and marriage against will; sexual harassment and gender discrimination; and lack of communication between parents and children regarding the needs and rights of adolescents. On the bases of these concerns and problems identified and voiced out, the adolescent girls raised the Pokhara congress declaration *(see box on page 25)*.

The successfully concluded "First National Adolescent Girls Congress" shows that given the opportunities and encouragement, adolescent girls can advocate their rights and can be active agents for change.

The First National Adolescent Girls' Congress, 14-15 March 2002

First National Adolescent Girls' Congress Declaration
15 March 2002, Pokhara, Nepal

1. Adolescent girls should have access to formal and/or non-formal education up to the level where they want to reach;
2. Adolescent girls should be provided with training in life-skills, which should be incorporated in the education activities for adolescent girls;
3. Adolescent girls should have easy access to age-appropriate health information and services;
4. Adolescent girls should be provided with sufficient opportunities to communicate their problems and concerns to their parents, guardians and local authorities at home and in the community;
5. Early marriage, marriage against will, gender discrimination, sexual harassment and exploitation and trafficking of girls and young women for physical labour and commercial sex should be stopped;
6. Adolescent girls should be provided with equal social and economic opportunities and their views should be valued;
7. Adolescent girls should be offered safe motherhood and adolescent reproductive health programmes, which should be integrated into education and skills development programmes.

Contributed by Roshan Karki, Vaijayanti Karki and Nicolet Hutter, EC/UNFPA RHI Strengthening Access to CB-RH Services Project (AMK/KIT)

ARH project sets off interventions for various stakeholders

A series of simultaneous interventions for various stakeholders characterises the strategy of the Bangladesh Adolescent Reproductive Health Project. Designed to improve adolescent reproductive health knowledge and practices, the project is executed by the Urban Family Health Partnership (UFHP) and its three NGO partners in collaboration with the Population Council.

The following interventions for gatekeepers, adolescents and service providers were implemented in response to research findings showing that adolescents lack reproductive health knowledge and adolescent-friendly services *(see box on page 26 to know more about the research findings)*.

Gatekeepers: To create an enabling environment, sensitisation meetings were held with gatekeepers (parents, teachers, religious leaders, community leaders, health service providers, political leaders and government officials). Adolescent reproductive health needs and availability of reproductive health services were discussed. The gatekeepers also received behaviour change communication leaflets and brochures.

Adolescents: A 20-hour curriculum, *Alor Pothe Amra*, was introduced to in-school and out-of-school adolescents. It includes information about personal hygiene, food and nutrition, environment and sanitation, changes in adolescence, child health immunisation, marriage and legal rights, gender roles, drug abuse, sexual relationships and sexual abuse, STIs/HIV/AIDS, the childbirth process and care, population growth and family planning. The curriculum employs simple language, stories, case studies and feedback mechanisms.

In-school adolescents: beneficiaries of the *Alor Pothe Amra* 20-hour curriculum

Out-of-school adolescents. Sixteen young adults aged 21-28 with at least 14 years of schooling were selected from the community as facilitators to conduct the RH sessions

for out-of-school adolescents. Facilitators received a five-day training course to educate them on adolescent RH issues, inform them about preventive and curative health services, and improve their facilitation skills. Out-of-school adolescent boys and girls aged 13-19 were identified and grouped into 12 to 15 with considerations to age, sex, employment status, and marital status. The facilitators met once a week to share their experiences and resolve any problems. To date, more than 1,200 out-of-school adolescents have received RH education.

In-school adolescents. The project staff identified seven secondary schools and provided the reproductive health course for classes Eight and Nine. Two teachers were selected from each school to teach these courses. They were trained for four days on adolescent reproductive health and facilitation skills. In general, the teachers were comfortable with the RH curriculum but had reservations about the promotion of condoms. The trained teachers prepared an implementation plan for the RH sessions and met monthly to share their experiences. In the first phase, 478 adolescents attended the RH course.

Service Providers: Health care providers were trained to make facilities more adolescent-friendly. Adolescent-friendly services include reproductive health care services, treatment for common ailments and general adolescent health concerns, prevention and treatment of reproductive tract infections and STIs, family planning services, antenatal and postnatal care, treatment for anxiety and depression, supportive counselling, and appropriate referral. In addition, a confidential telephone hotline and post-box facilities have been established for adolescents who are not comfortable visiting a health care facility for services. Queries from the post-box facility are answered in the adolescents' column of a local newspaper. Clinics have introduced additional convenient hours for adolescents only. The clinic staff was trained to treat adolescent clients with care and respect. To maintain privacy and confidentiality, physicians perform all services (history taking, physical examination, treatment, and counselling). Adolescents who participate in RH sessions receive free services from the UFHP clinic. UFHP-supported NGOs have introduced prepaid health cards (costing Taka 20), which will allow adolescents to consult doctors at a UFHP clinic for one year without any additional consultation fees.

The next step for the Bangladesh Adolescent Reproductive Health Project is to find out whether these interventions will effectively bring in the changes hoped for.

Source: Population Council. Frontiers in Reproductive Health Research Update No. 1, January 2001

Findings from the Baseline Survey of the Bangladesh Adolescent Reproductive Health Project

The Bangladesh Adolescent Reproductive Health Project began with a baseline survey in two intervention sites (Pabna and Dinjapur) and one control site (Rangpur) in northwestern Bangladesh. Approximately 12,000 households were selected from each of these urban sites. A total of 2,971 adolescents aged 13-19 were interviewed; half of these were girls. Forty-seven per cent of boys and 51 per cent of girls were currently enrolled in schools. Approximately 22 per cent of girls and one per cent of boys were married. The married adolescents were excluded from this analysis.

- Parents and religious and community leaders support the idea of including RH education in the school curriculum. They felt that it was very difficult for them to discuss RH issues with their children and that school would be a better place for RH education. However, they also said that RH education should be optional and should be taught when children were mature enough.
- Many schoolteachers felt that the RH curriculum might increase premarital sex. However, they agreed that increased awareness could help adolescents avoid STIs and social problems such as pregnancy before marriage.
- Adolescents' knowledge of places to obtain condoms or prenatal care services was very high. Their awareness of sources for other family planning services and protection against STIs was also quite good. Fewer than one in four knew when a woman's most fertile days occur during the menstrual cycle.
- Only 0.5 per cent of girls and 1.6 per cent of boys reported that they discussed RH with their fathers. More than two thirds of the girls reported that they discussed RH issues with their mothers. One per cent of the boys received information about ejaculation from their fathers, and 46 per cent of girls received information about menstruation from their mothers.
- Approximately 48 per cent of girls and 58 per cent of boys reported that they had received RH information from other sources. Ninety-six per cent of male adolescents and 45 per cent of female adolescents received RH information from their friends. Also, 64 per cent of female adolescents reported receiving information from relatives other than parents.
- Out of 2,626 unmarried adolescents, 127 males and 3 females reported premarital sexual experience. The mean age at first sexual experience was 15 years. Fifty-seven adolescents reported that they had had sex in the last six months. The survey showed that only one third of these 57 adolescents used a condom at first and last intercourse. Fifty-two males had sex with a commercial sex worker and did not use a condom. Fifteen male adolescents had experienced signs or symptoms of STIs, but only nine of them sought treatment.
- Friends were the primary source of RH information for the 130 unmarried sexually active adolescents.
- Over 90 per cent of the adolescents reported that they had not visited health facilities in the last six months. Fifteen female and seven male adolescents had visited health facilities. Female adolescents were more likely to visit government facilities than private and NGO clinics, while male adolescents were more likely to visit private facilities.
- More than 85 per cent of the adolescents believed that they would not be treated respectfully if they visited a health facility for FP services. Boys' and girls' perceptions varied slightly. Fifteen per cent of adolescent boys believed that they would be treated well if they visited a clinic for FP services, while only 0.6 per cent of adolescent girls reported the same. The scenario was almost the same for pharmacy visits.

AIDS
http://www.aids.com.ph
UNESCO-PROAP-UP Diliman Project HIV/AIDS Prevention Education for Young Adults through Distance Education, Philippines
E-mail: ted@i-manila.com.ph

Viewing education as the best way to stop the spread of HIV/AIDS, the UNESCO-PROAP-UP Diliman Project HIV/AIDS Prevention Education for Young Adults through Distance Education began constructing this website in 2001.

The site shares basic facts (transmission, risk, treatment and prevention) and myths about AIDS. It also discusses the legality of mandatory HIV testing and the rights of HIV-infected people to confidentiality and freedom from discrimination.

Practical information is found in several sections: The need for getting tested for HIV/AIDS is defined and guidelines on interpreting the test results are highlighted. Testing centres in the different regions of the Philippines are listed. In another section, illustrations accompany instructions for using a condom, which is promoted as a preventive measure against HIV/AIDS. Directories of hotline and counselling centres, links to other informative websites and a list of agencies working to prevent the spread of HIV/AIDS in the country are provided under *Resources*.

Telling Others is the section that lists guiding principles for letting others know about being HIV-infected. *Living with HIV* is an entire section devoted to the psychological, social and economic experiences of people tested positive for HIV or AIDS.

The site also includes a message board where anybody can post questions. A section for chatting as well as downloading information materials will soon become operational.

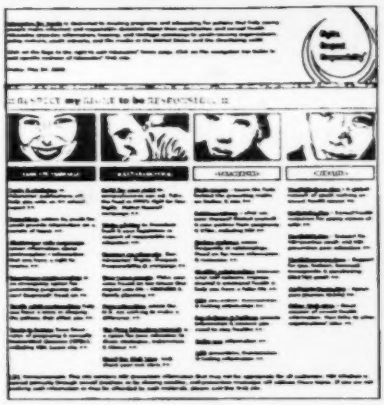
Go Ask Alice!
http://www.goaskalice.com
Alice!
Lerner Hall, 2920 Broadway, 7th Floor MC 2608, New York, NY, USA 10027
Tel. (212) 854-5453
Fax. (212) 854-8949
E-mail: wiseguy@columbia.edu

Go Ask Alice! is the health question-and-answer service produced by Alice!, Columbia University's Health Education Programme. It provides factual, in-depth, straightforward and non-judgmental information to assist readers' decision-making about their physical, sexual, emotional and spiritual health.

Alice! answers questions about relationships; sexuality; sexual health; emotional health; fitness and nutrition; alcohol, nicotine and other drugs; and general health. Responses undergo a standardised review process to ensure high quality and accuracy.

The site has separate sections for: (i) asking questions anonymously; (ii) searching the archives of more than 2,000 previously posted questions and their responses; and (iii) reading a list of queries and answers organised under the different categories mentioned. The latest inquiries and responses are grouped in another section, which is updated weekly. Readers of Alice! can also give their input on any topic that has been discussed. *Get Alice in Your Box* is the button to click for a free e-mail subscription to the site.

Advocates for Youth
http://www.advocatesforyouth.org/teens
Suite 200
1025 Vermont Avenue NW
Washington, DC 20005 USA
Tel. (202) 347-5700
Fax. (202) 347-2263
E-mail: info@advocatesforyouth.org

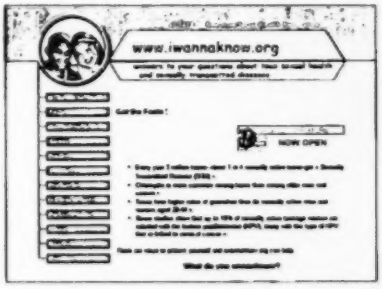


The *Advocates for Youth* website has been designed in line with the goals of creating programmes and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. It hosts an entire section for teens featuring educational articles, channels for advocacy, health information, and brief content summaries of other websites for teenagers.

The Teens section highlights facts and statistics, pamphlets written by youth for youth and personal stories of teenagers, such as experiences on teenage pregnancy. Several pages are devoted to explain why teens in Europe have lower rates of pregnancy and sexually transmitted infections compared with their American counterparts. Another subsection that might interest teens provides information on emergency contraception as well as articles for gay, lesbian or bisexual youth.

Youth groups and programme managers may learn from the peer education strategy and the campaigns described in the site, such as the comprehensive sex education campaign. The site encourages teens to voice out by writing a letter to the President, for example, or by joining the various campaigns featured in the site.

I Wanna Know
http://www.iwannaknow.org
American Social Health Association
P.O. Box 13827, Research Triangle Park, NC 27709 USA
Tel. (919) 361-8400
Fax. (919) 361-6425



Dedicated towards improving the sexual health and awareness of the under-25 crowd, *I Wanna Know* provides information on teen sexual health and sexually transmitted diseases, from AIDS/HIV to syphilis. Ways to protect oneself from STDs are outlined under the *Prevention* section.

The *FAQ* section features answers to questions coming directly from users of the website. The site includes an *Ask the Expert* section that accommodates inquiries about prevention, testing and treatment of STDs. Trained health communication specialists are waiting to give up-to-date responses. Scheduled chats are likewise available for users.

Another section of the site, *Sex on the Brain,* differentiates between sex and love, while another section explains about puberty. For those seeking entertainment, the *Games* section is open with brainteasers on sex education.

Finally, the *Parent's Guide* section explains to parents how the site intends to help their teenagers and at the same time, encourages parents to initiate conversations about sexual health with their teenagers.

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We welcome your comments, suggestions and contributions. Please address your correspondence to the Regional Clearing House on Population Education and Communication (RECHPEC), UNESCO Asia and Pacific Regional Bureau for Education, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand. Tel. (66-2) 391-0577 Fax. (66-2) 391-0866 E-mail address: rechpec@unescobkk.org; ARSH website: http://www.unescobkk.org/ips/arh-web

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UNESCO

EC/UNFPA Initiative for Reproductive Health in Asia shares lessons learned from 42 projects

After more than three years of implementing 42 projects with over 60 local partners in seven countries, the EC/UNFPA Initiative for Reproductive Health in Asia (RHI) is ready to share a wealth of lessons, best practices and success stories. This is exactly what it does in its report called *Lessons Learned*. The publication is a collaborative effort of the RHI partners, coordinated by UNFPA with the assistance of the Information and Communication Network (ComNet), an RHI regional project executed by the German Foundation for World Population (DSW).

A summary of the lessons learned under three focus areas taken up by participating countries are featured below:

1 Quality of Care (QoC) in Bangladesh

Quality of care increases client satisfaction. Introduction of reproductive health (RH) service protocols and training of service providers led to increased client satisfaction according to the results of client interviews.

To achieve quality of care, choices need to be made between the adaptation and new development of protocols and guidelines. The existence of standard protocols and guidelines for clinical services that were developed by the government together with NGOs saved time and resources. Adaptation thereof contributed to an internally coherent and homogeneous approach to family planning (FP) and RH services in Bangladesh.

The process of improving quality of care is usually lengthy and should be uninterrupted. Service providers need encouragement to see the value in using RH service protocols and giving time to communicate with clients. Close monitoring, supervision and regular refresher training are required to sustain quality and to compensate for the dropout service providers.

Quality of care increases client attendance. The client increase from investing in QoC was between 19 per cent and 48 per cent within a year. One hospital that increased its beds and expanded its services was able to increase its total number of services rendered from 23,861 in 2000 to 35,527 in 2001.

2 Adolescent reproductive and sexual health in Cambodia, Lao PDR, Sri Lanka and Vietnam

Adolescent reproductive and sexual health services need to be complementary and integrated. Experience in Vietnam showed that referring young people to public hospitals, where they may not be well received, discouraged them from returning. One of the keys to successful work with young people in Sri Lanka was to supplement counselling with RH services through linkages with medical personnel. The Youth Centre of Lao PDR, which combined RH information and services, was another illustration of this lesson.

Adolescent reproductive and sexual health services are more successful when they are designed in a youth-friendly manner. For example, some RHI clinics in Vietnam established an anonymous registering system (clients can choose a fruit as their name) to ensure privacy. Arranging different hours of operation for different target groups in Vietnam was suggested as an alternative to the ideal (but not financially viable) youth-dedicated centre. Youth in Cambodia were willing to seek services in a clinic with favourable atmosphere and

convenient times and location. In Hanoi, the location of a clinic in a crowded market, where vendors could spot anyone entering the clinic, prevented some young women from seeking services.

Integration into other activities makes RH more attractive to young people. Youth centres in Vietnam housed bookshops and at the same time offered counselling and services. Centres in Cambodia were equipped with karaoke facilities and libraries. The Youth Centre in Vientiane, Lao PDR, was a regular venue for musical performances, language lessons, break dancing and others in addition to RH training and peer education programmes. Vietnam and Lao PDR projects learned to provide information and counselling on a wide variety of topics that affected young people (e.g., personal relationships, trafficking of women and children, drug abuse and road safety issues). A good medium to reach the target group in Cambodia was a live call-in radio show that offered advice and answered young people's questions on various aspects of being young.

IEC campaigns with mass media involvement play an important role in spreading information on adolescent reproductive and sexual health and backing up the use of adolescent reproductive health services. A popular regular radio soap drama in Cambodia, "Lotus on a Muddy Lake" combined everyday topics with advice and information on general health and reproductive and sexual health to reach out young people. In Vietnam, promotional activities were implemented using newspapers, television and information leaflets. In Lao PDR, IEC materials were especially developed for ethnic minority youth and non-literate adolescents in the northern provinces. Many projects stressed the positive synergy from sharing of IEC materials between RHI and non-RHI projects.

Adolescent reproductive and sexual health programmes cannot take place without the involvement of gatekeepers. In Sri Lanka, a positive environment for reproductive and sexual health counselling was achieved after the consultation with elders and leaders proved that fears of creating controversy were baseless. In Cambodia, the support and involvement of Buddhist monks, who are highly respected within the community, ensured the success in reaching young people. In another project targeting factory workers in Cambodia, negotiation and advocacy with the association of garment manufacturers led to a shift from initial suspicion and hostility on the part of factory owners and managers to requests from other factories to carry out similar activities.

Different target groups require different, tailor-made approaches. In Lao PDR, for example, a project addressed the lack of appropriate IEC materials for ethnic minority youth by developing materials that illustrated people wearing the typical clothing of the area. In Vietnam, on the other hand, different age groups were found to have different information needs: those below 17 years were mainly interested in information on puberty, body changes, friendship and non-sexual relationships, while those between 19 and 24 years, being more sexually active, needed practical information on the reproductive system, reproductive tract infections, and advice and counselling on safe sex and contraceptive methods.

Peer education is a powerful tool under certain conditions. In Vietnam, female adolescents could be very effective in encouraging male adolescents to participate in discussions on reproductive and sexual health. However, the lack of male peer educators and counsellors (for one-on-one counseling) was a serious constraint to many projects. The rapid turnover of volunteer peer educators was another obstacle. On a positive note, a Vietnamese project at Van Hien University found that students of Psychology and Sociology made very professional peer counsellors, as this was related to what they aimed to do after graduation. In Sri Lanka, there was a definite need to have counsellors from the same age group targeted by the project.

Youth should be involved from the start in strategy design and project formulation. By involving youth in the project design and preparation, the development of IEC materials, programme management and other activities, the projects gained credibility and created relevance within the target group. In Cambodia, increasing the involvement of young people with low formal educational qualifications helped to empower these youth. Meanwhile, the model of peer education developed in Vientiane Youth Centre of Lao PDR encouraged graduates of basic reproductive health training courses to become peer educators and participate in further training where they develop peer education strategies.

Advocacy is required as a groundbreaker for adolescent reproductive and sexual health information and services. Initially, RHI activities in Lao PDR focused on raising awareness of these needs. Three years later, there was a wide recognition of the needs of youth for RH information and a growing acceptance of the need for adolescent services. Likewise, the introduction of a small-scale pilot scheme on teacher counselling by the Ministry of Education in Sri Lanka grew out of preceding advocacy activities at different government levels. In contrast, RHI project managers in Cambodia believed that their work would benefit from increased sensitivity to and familiarity with adolescent reproductive and sexual health issues on the part of government agencies.

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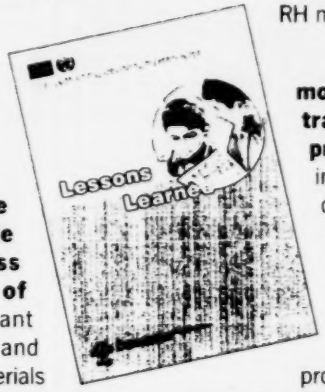
Community-led consensus is the cornerstone of community ownership. Before the delivery of RH information and services commences, apprehensions about outside influences on the community's youth and women must be addressed with the community leaders. According to the experience in Pakistan, the best way to reach young people in a country where local sensitivities demand utmost caution in diffusing RH information needs was to consult with village elders and local religious leaders in order to reach a community-led consensus, well ahead of the start of project activities.

Community ownership is a condition towards achieving programme sustainability. The management, active involvement and support by the community are crucial to the sustainability of the project. It was therefore important for a project on empowering urban slums in Nepal to train community leaders and health volunteers rather than have the communities rely on external technical support. Furthermore, communities were able to charge nominal fees for health services and materials provided by the project. As the project developed, the role of the project workers changed from mobilisers to technical advisers.



IEC materials have a complementary role in creating awareness and understanding of RH. The use of relevant information, education and communication (IEC) materials is an essential component in changing attitudes. A particular success in this field was Nepal's *Jigsaya* newsletter, which included informative articles, comics, a doctor's column, contributions by adolescents and others. These appealed to adolescents as well as other youths, parents, teachers and health workers. Similarly, booklets on male involvement and two leaflets on infertility and delivery care had been produced by RHI partners for awareness raising. The Ministry of Population Welfare in Pakistan had even adopted an RHI-developed material for use in its Family Welfare Centres.

Innovative approaches are needed to attract and reach underserved target groups. One strategy in Pakistan was to have field workers reach out families and cover all aspects of RH after trust had been established. Through this project, unmarried girls were empowered to deliver RH services and information door to door. Another strategy adopted by a large NGO in Nepal was to establish 15 youth information centres in five districts. IEC and reading materials were made available in the centres. Games, video shows, group discussions and individual and group counselling sessions facilitated communication and information sharing on adolescent reproductive health (ARH). For underserved rural groups in Nepal, mobile video shows and socially relevant street dramas, have proven popular and effective in transmitting RH messages.

Commitment and motivation can change traditional beliefs and practices. Motivation to improve RH within the community and the commitment of organisations and community members have ushered the success of ARH projects despite opposing socio-cultural and religious traditions. One Nepali woman's persistence as a family planning and RH volunteer in the face of family disapproval paid off when her role later became a paid job. She overcame the domination of men and mothers-in-law in decision-making. In fact, her own husband started using condoms, and she had distributed more than 6,000 condoms within her community. Elsewhere in Nepal, 2,187 CBOs with 24,000 women members gained RH knowledge and social mobilisation skills through training and meetings facilitated by RHI. Husbands supported these activities directly or indirectly by temporarily taking over household responsibilities. The project communities also established revolving funds for emergency health care. In another instance, a campaign responding to community resistance and addressing the local religious leaders and community elders in Pakistan eventually paved way to the establishment of a clinic that now performs the highest number of vasectomies in the province.

Effective network building leads to synergy and optimal use of available resources for harmonised approaches in addressing RHI goals. Through the networks of the Reproductive Health Alliance (RHA) and the Adolescent Health Awareness Network (AHAN), local NGOs in Pakistan collaborated in the development of a pictorial IEC material on male involvement in RH and training manuals for literate adolescents, their parents and service providers. The message contents were based on research carried out by the partner NGOs in their target communities. The IEC material was later tested in the partner NGOs' communities to ensure its cultural appropriateness. As a result, a large audience benefited from the material. In Nepal, effective linkages and networking between RHI partners, other NGOs and government systems permitted sharing of resources and increased the efficiency of project implementation. Moreover, the Department of Health Services, Ministry of Health, had made FP and IEC commodities available for distribution by RHI partners and had pledged continued support.

Source: Lessons learned. S.l.: EC/UNFPA UNFPA Initiative for Reproductive Health in Asia, 2001, 15 p.

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Research findings bare sexuality behaviour and attitudes of adolescents and men in the Pacific Islands

With the commitment of the Pacific Island region to the International Conference for Population and Development (ICPD) agenda, the reproductive and sexual health of the region's people regardless of age group or marital status deserves considerable attention. It is hoped that research findings will indicate the types of intervention that should be carried out in the Pacific Islands.

In 2000, Margaret Chung reported the findings of published and unpublished research on adolescent sexuality and men's attitudes to family planning in the region:

Adolescent sexuality issues

Unprotected sex. Young people were becoming more sexually active at younger ages, but they were not making much use of contraceptives. In a particular study in Solomon Islands, few girls used contraceptives or had much knowledge about them. Condoms were difficult for teenagers to obtain and some boys did not use them mainly because they reduced pleasure.

Adolescent pregnancy. Rates varied across countries. Girls aged 15-19 accounted for a high proportion of births in Micronesia and Guam. Births to women aged 20-24 years comprised much higher proportions owing to the early marriage in most Pacific Island countries.

Sexually transmitted infections. Findings showed a high incidence of sexually transmitted infections (STIs) as a consequence of many young people's engagement in unprotected sex with several partners. The report indicated that young people knew too little about the risk of infection, hence the lack of concern for protection.

Prostitution and substance abuse. The report noted the evidence for widespread substance abuse, particularly for marijuana and alcohol, among young people. Youth in Papua New Guinea used marijuana more than alcohol, the former being perceived to enhance sexuality. Forms of prostitution, on the other hand, had been noted in almost all countries, the report added.

Lack of access to reproductive health information and services. This issue emerged in the survey results from all countries. Among the factors leading to this were opposition to providing young people contraceptives and knowledge on contraceptive use as well as community and parental opposition to sex education.

Men as a challenge to family planning

Negative attitude towards contraceptive use. The report mentioned that based on surveys and reports from family planning service providers, women did not use modern contraceptives because of their husbands' opposition. Most Fijian women in their twenties and thirties had expressed concern about their husbands' authority over reproduction and the difficulty of deciding which contraceptive method to use. As a whole, men's desire to exercise authority over their wives' or partners' fertility had been considered an impediment to the success of family planning programmes.

Men as a threat to women's health. According to the report, there were two general types of male behaviour that were hazardous to women's health: engagement in unprotected sex with multiple partners and violence. Cultural values that provided tacit license for sexual promiscuity to men as well as husbands' control over their wives' or partners' fertility led to the first threat.

Sexuality data on young people in the Pacific Islands

Extent of sexual activity

- Tonga and Samoa: about one fifth (19 per cent and 20 per cent, respectively) of young people aged 15 to 24 were sexually active.
- In most countries: young people's first sexual experience occurred between the ages of 15 and 19.
- Marshall Islands (1994 survey of 9th graders): 37 per cent of the boys and 17 per cent of the girls had had sexual intercourse, with the majority of both sexes having had two or more partners.
- Papua New Guinea (national survey): most young people had several sexual partners before marriage.

AIDS-related knowledge, attitudes and sexual practices

- 1995 baseline surveys in Fiji, Marshall Islands, Western Samoa
  - Approximately 75 per cent of the people surveyed knew about HIV transmission through male-female intercourse.
  - Less than half mentioned risks related to homosexual practices, vertical transmission, breast milk transmission or blood contact.
  - Knowledge of STI symptoms was relatively high only among Fijian males.
- 1996 urban youth survey in Apia, Samoa, among 10,845 people aged 15-34
  - Approximately 80 per cent were aware of AIDS.
  - The main factor related to ignorance of AIDS was the level of formal education attained. Only nine per cent of those with tertiary education were unaware of AIDS; 45 per cent of those with primary education only did not know the cause of AIDS.

The threat of sexual and domestic violence stemmed from: the social license of men to "discipline" their wives and children; extensive alcohol use; and social and material pressures on families.

Avoidance of family responsibilities. Research and health programme development had given little attention to the role of men in sexual relationships, specifically the cultural and religious aspects of men's roles, definition of these roles and men's empowerment in their perceived roles. The ICPD Programme of Action had sparked interest in the improvement of communication between men and women regarding issues of sexuality and reproductive health and their understanding of their joint responsibilities, the report noted.

Men having sex with men. There was extensive literature on men having sex with men (MSM) in the Pacific Islands in the context of traditional ritualised forms. Systematic research about such sexual practice was very limited. Results from the survey of behaviour, attitudes and knowledge related to HIV/AIDS of MSM in Fiji, Vanuatu and Samoa would hopefully put sexual health issues of MSM on the agenda.

Improving adolescents and men's sexuality behaviour and attitude

- **More action**
  - Improving access of young people to reproductive health information and services
  - Investing in less direct forms of AIDS prevention, such as keeping young people in school, especially girls
- **More research relevant to the development of reproductive health programmes**
  - Basic measurements (by age and sex) of prevailing national and sub-national rates of fertility, contraceptive use, health service use, STDs and others
  - Types of behaviour that put people at risk of certain outcomes such as STDs.
  - Sexual behaviour that is expected of people in both cultural and social context as they move to and through adulthood
- **More effective IEC Campaigns**
  - Greater volume and variety of information as well as channels of communications
  - Clear and accurate messages, such as facts on STI and HIV transmission
  - Use of TV in urban areas and video everywhere
  - Information dissemination by well-trained educators
  - Peer education by people whose sexual behaviour are carefully screened and monitored

Identifying general needs

As gathered from the various sources of the report, three general needs had been identified in the area of sexuality behaviour and attitude of adolescents and men – need for more action, research and effective IEC campaigns.

Source: Chung, Margaret. Summary of research findings on adolescent sexuality & men's attitudes to family planning in Pacific Island countries: report. Noumea Cedex, New Caledonia: Secretariat of the Pacific Community, 2000. 28 p.

for your review

Conference and training events in Southeast Asia: September to December 2002

Regional Workshop on Monitoring and Evaluation of Population and Reproductive Health Programmes
Bangkok, 23 September – 11 October 2002
Organiser: Institute for Population and Social Research, Mahidol University at Salaya, Nakhon Pathom, Thailand
Contents: Fundamental concepts and tools for monitoring and evaluating family planning, maternal health, child health, STD/HIV/AIDS and nutrition programme
Participants: Mid-level health and population officers, programme managers and other professionals involved with the implementation of population, health and nutrition programmes
More details: http://www.ipsr.mahidol.ac.th/mande.htm

Health Promotion: Practical Strategies and Methods
Bangkok, 23 September – 11 October 2002
Organiser: Faculty of Public Health, Mahidol University, Bangkok
Contents: Health promotion – concept, practical strategies and methods, role of practitioner; health and human behaviour; behaviour change models; community-based health promotion; fitness assessment; social marketing; field study
Participants: Senior or middle level managers involved in health promotion, health education or primary health care
More details: http://www.unescobkk.org/ips/arh-web/news/newsfiles/training_mu.cfm

Systematic Planning and Implementation of Adolescent Sexual and Reproductive Health
Quezon City, Philippines, 18-29 November 2002
Organiser: Development Consultants for Asia Africa Pacific (DCAAP), Quezon City, Philippines
Contents: Understanding adolescent sexual and reproductive; communication – basics and project management; communication management model and development of communication plan with appropriate monitoring and evaluation tools and procedures
Participants: Managers and staff of adolescent sexual and reproductive health projects
More details: http://www.unescobkk.org/ips/arh-web/news/word/dcaap02.doc

Managing and Implementing Advocacy and IEC Campaign on Reproductive Health and Family Planning
Quezon City, Philippines, 4-15 November 2002
Organiser: Development Consultants for Asia Africa Pacific (DCAAP), Quezon City, Philippines
Contents: Population control to reproductive health; communication – basics and project management; communication management model (research, planning, staffing/organising, coordinating, monitoring and evaluation), development of advocacy or IEC plan
Participants: Managers and staff of reproductive health and family planning projects
More details: http://www.unescobkk.org/ips/arh-web/news/word/dcaap01.doc

Fifth Asian and Pacific Population Conference
Bangkok, 11-17 December 2002
Organiser: UNESCAP, Bangkok
Theme: Population and Poverty in Asia and the Pacific
Participants: Official government delegations of ESCAP member and associate member countries
More details: http://www.unescap.org/pop/5appc/index.htm

BANGLADESH

Moni-Mukta Ashor programme helps Aklima and other young slum dwellers

Aklima Begum, a sprightly and cheerful 13-year-old slum dweller, studied in school until seventh grade. She dropped out as her mother wanted her to stay home and help with the chores. This is a common phenomenon among teenage girls in Bangladesh, where parents find it unsafe to let a "growing girl" run around in the community because she would have difficulty finding a good husband, or she could fall prey to the harassment of unruly elements of the community.

The Marie Stopes Clinic Society (MSCS) is a Bangladeshi NGO working on sexual and reproductive health and well-being of women and men in the country. Its volunteers visited Aklima's home and spoke with her parents at length about *Moni-Mukta Ashor* ("Young People's Group"), a programme that MSCS wished to launch. As her parents were convinced that it would be good for her, Aklima now comes to the Moni-Mukta Ashor centre six days a week (1500-1800 h) to learn about health matters, social issues and behaviour change communication. Her activities include artwork, music, games, film shows, quiz shows and others.

As members of the Moni-Mukta Ashor centre, Aklima and her companions proudly sport MSCS badges and carry umbrellas with MSCS logos. Their duties as young peer educators entail: arranging community meetings and small group discussions with peers; arranging educational film shows, slide shows, folk song programmes and the like; and meeting with parents, teachers and influential members of the community to discuss young people's sexual and reproductive health issues.

Young peer educators of *Moni-Mukta Ashor* receive badges, MSCS umbrellas and bags at a meeting in the girls' centre. Boys also participate in the meeting.

The four centres of Moni-Mukta Ashor operate for boys and girls in two slums of Dhaka City. Expansion to the major port city of Chittagong is being planned.

One third of the Bangladeshi population are young people aged 10-24, and a huge number live in slum areas. The inspiration for MSCS to set up Moni-Mukta Ashor grew from the realisation that these deprived, young slum dwellers have special health and education needs, especially in the area of sex and sexuality, reproductive health and HIV/AIDS/STIs.

The Managing Director of MSCS, Dr. Yasmin H. Ahmed, says, "This is an exciting and new venture for MSCS. We will have to learn as we go along since working with young people is quite different from working with our usual client groups. It would be a challenge to our traditional values, attitudes and systems as we get to know them better and work to influence their preferences and behaviour. We are very serious about extending and expanding the programme with young people as they are a large part of our population and they will be able to sustain the changes in reproductive health that we are looking to achieve."

Contributed by: Tanya H. Shahriar, Knowledge and Social Development Manager, Marie Stopes Clinic Society, Dhaka

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'Female adolescents in Bangladesh lack AIDS awareness'

Only one out of six female adolescents in Bangladesh had ever heard of AIDS.

This low level of AIDS knowledge was revealed by a statistical study based on the Bangladesh Demographic and Health Survey data. The study included 1,446 ever-married adolescents (aged 10-19 years), 92 per cent of whom were Muslims, and 91 per cent from rural areas.

Of those who had ever heard of AIDS, 57 per cent were aware of AIDS as a fatal disease, but only 22 per cent believed AIDS could be avoided. The major sources of information on AIDS (reported by 40 to 68 per cent) were: TV, radio and friends or relatives.

Multivariate analysis revealed that knowledge on AIDS was strongly and positively associated with education of female adolescents and their husbands and varied significantly across different parts of the country. Knowledge on AIDS was higher among relatively older and urban residents who had access to television or radio and whose husbands were using condoms.

These findings suggest that strong efforts are needed to improve awareness and to clarify misconceptions about AIDS. Improved access to education, mass media and promotion of condom use could prevent AIDS among female adolescents in Bangladesh.

Source: Khan, M. Asaduzzaman. "Knowledge on AIDS among female adolescents in Bangladesh: evidence from the Bangladesh Demographic and Health Survey data," Journal of Health, Population and Nutrition (20)2: 130-137, June 2002.

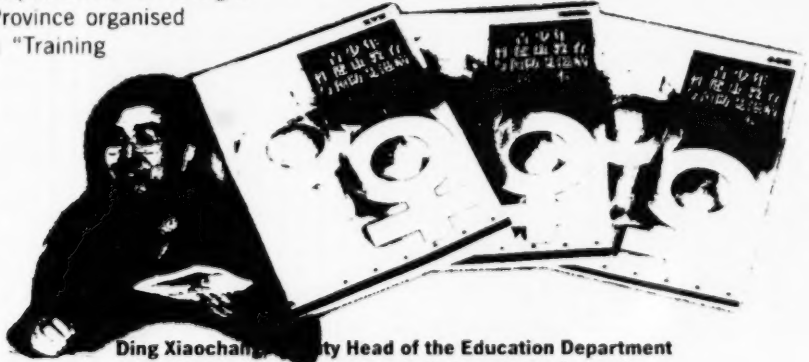
CHINA

Jiangsu Province launches sexual health and AIDS preventive education for school teens

Population increase and the spread of AIDS have urged various government levels in China to pay close attention to sexual health and AIDS preventive education. This holds great significance in Jiangsu, one of the richest provinces in China, with a population of 74 million including 10 million elementary and middle school students.

In line with the implementation of sexual health and AIDS preventive education, the Education Department of Jiangsu Province organised a "Training of Trainers" class on 18 September 2002. Heads of all education departments at city and county levels as well as principals of key elementary and middle schools attended the class, which lasted for a day and a half. The class participants were expected to soon train others based on what they have learned.

More importantly, all elementary and middle schools have been setting up a new course on sexual health and AIDS prevention beginning September 2002. This is under the inspection of provincial departments. Supporting materials for the course are three books that were compiled and written by experts organised by the Education Department of Jiangsu Province in the previous year. The set of books – one each for elementary, junior middle and senior middle school students – was compiled and written chiefly by Professor Guo Baolu from Jiangsu Education College.



Ding Xiaochan[illegible]ty Head of the Education Department of Jiangsu Province, presents three new textbooks for students during a press conference.

Animated with cartoons and absorbing relevant materials from RECHPEC, UNESCO, the books are convincing and instructive in solving problems. They discuss sex and sexual health, reproductive anatomy, family, puberty and changes, friendship, love, marriage, protection against STDs and AIDS, and prevention of drug abuse among others.

Contributed by: Guo Baolu, Population Education Teaching Research Office, Jiangsu Education College, Jiangsu

Marie Stopes China: connecting with youth through creative strategies

Established only two years ago, Marie Stopes China (MSC) is already making an impact on sexual health care and education of Chinese youth in particular. In collaboration with government and non-governmental organisations in China, it has so far completed at least three youth projects that demonstrated the use of creative and modern marketing techniques.

One of the major accomplishments in 2002, the "You and Me" newspaper targeting 900,000 rural middle school students, was developed through a team-up with the Sichuan Bureau of Education. Each with 180,000 copies, the five issues released focused on the following themes and objectives: *I am Unique!* – to build self-confidence and understanding of self-identity; *My Body and My Power* – to raise awareness and acceptance of young people's physical changes; *My Feelings and My Frustrations* – to improve students' interpersonal communication with family, teachers, classmates and friends; *My Friends and My Feelings* – to discuss friendships and love; and *Me and Society* – to focus on social issues affecting youth, which include drugs, HIV/AIDS and sexual harassment, among others. *My Future*, the final issue focusing on the planning and realisation of young people's hopes and goals, is underway. The teacher's resource booklets accompanying the issues provided information and ideas for conducting complementary activities in the classroom.

Last year, MSC implemented two youth projects with an emphasis on HIV/AIDS awareness. Through the "I Care – Do You?" project, a special four-page publication was issued in commemoration of World AIDS Day. This was closely undertaken with the China Middle School Newspaper (CMSSN) to provide a wide array of information on adolescent sexual health, decision-making in love and relationships, life skills and STI/HIV/AIDS prevention to more than a million rural and urban middle school students all over China.

Activities complementary to the project were: advocacy meetings in a number of middle schools in Beijing, Guizhou, Henan and Sichuan; media workshop for CMSSN editors and journalists to raise their awareness of HIV/AIDS and the importance of providing accurate sexual health information to young people; and life skills training workshop for a selected group of students, teachers and youth league representatives who would form the core group of HIV/AIDS prevention volunteers.

Another project in 2001, dubbed "Reaching Urban Youth – a Creative Approach to HIV/AIDS Awareness", brought together government and private sectors along with the community of artists in reaching out to the youth. The specific activities were: development and distribution of 80,000 postcards on HIV/AIDS to over 500 entertainment locations in Beijing, Shanghai and Guangzhou; installation of condom vending machines at three popular entertainment sites in Beijing; and holding of educational-entertainment events (art exhibition and musical and dance performances) in three Beijing-based entertainment clubs.

MSC is now in the process of developing a website to disseminate sexual health information that will help young people make healthy and responsible choices. Another project in the pipeline is a youth-friendly mass media campaign (including TV, radio and magazines) linked with a series of concerts or road shows, which will be driven by young people in design and implementation. MSC is also eyeing a few cities as sites for its new clinics, which will provide extensive sexual health and outreach services and education to the community at large, targeting both in-school and out-of-school youth and migrant workers.

Source: Kate Mills, Programme Advisor, Marie Stopes China, Beijing

In the spotlight: SRC adolescent activities

The "Population and Development Education in Post-Literacy and Continuing Education" project (1997-2002) is implemented in Gujarat by the State Resource Centre (SRC) for Adult Education, in cooperation with other governmental and non-governmental organisations. The project focuses on population and development education, with a thrust on adolescent education leading to responsible behaviour among neo-literates and beneficiaries of continuing education. This thrust is reflected in its activities, such as literature publication, outreach and training.

Two popular publications of SRC are *Nari Chetna*, a broadsheet published every two months, and *Mahila Madhuri*, a bi-monthly magazine. These deal with women empowerment, adolescence education, adolescent reproductive health, physical and mental growth, health and sexual behaviour, among others. SRC has also produced information kits for adolescents including booklets containing stories, dramas, poems and songs.

SRC takes advantage of international day celebrations, such as World Population Day, World AIDS Day and World Literacy Day, to reach out to village women and adolescents. Various communication and advocacy tools are put into use: street plays; folk dramas and dances; competitions in elocution, painting, singing and slogan writing; quizzes; advocacy rallies on population and development issues; medical check-up camps; and adolescent fairs.

Training programmes for adolescent boys and girls are regularly conducted. SRC also conducts district-level training on adolescence awareness for volunteers of various NGOs and government organisations. In addition, one district block is selected each year to take part in a one-day adolescence education training involving health workers and officers, teachers, NGO workers, government and community officers.

Contributed by: Jayantibhai Patel, Programme Coordinator, Population and Development Education Cell, State Resource Centre for Adult Education, Ahmedabad, Gujarat

Adolescent fair empowers youth and NGOs of Rajasthan

Three days of fun, interactive sharing and learning filled Rajasthan's adolescent fair on reproductive and sexual health and rights.

As coordinator of the Young People's Reproductive and Sexual Health and Rights (YRSHR) Network of NGOs in Rajasthan, CHETNA (Centre for Health Education, Training and Nutrition Awareness) organised the adolescent fair on 7-9 February 2002 with the support of MAMTA (Health Institute of Mother and Child – the national coordinator of the YRSRH Network). Partner NGOs under YRSHR contributed in organising the event.

A total of 160 adolescent boys and girls from 28 NGOs in 17 districts of Rajasthan State as well as 50 peer educators or NGO representatives and 40 other guests attended the fair. Every participant received a set of IEC materials. Registration activities included a voluntary testing for blood type and hemoglobin levels. Yoga sessions in the morning, art competitions in the afternoons and socio-cultural performances in the evenings were fresh elements of the fair. Twelve NGOs set up exhibition stalls on various topics relevant to the fair theme. For each of the last two days, six workshops using various participatory methods were simultaneously run. Workshop topics included adolescence, gender, anatomy, reproductive health and sexual issues and others. Interactive sessions and the free exchange of

views led to the formulation of specific recommendations *(right)*.

The success of the state-level adolescent fair is now trickling down as partner NGOs are implementing or preparing to organise adolescent fairs in districts of Rajasthan.

Source: Giri, Gayatri. Empowering youth for a healthier future: a report on the Rajasthan State Level Adolescent Fair on Reproductive and Sexual Health and Rights, Manpur Khedi, Jaipur, Rajasthan, 7-9 February 2002. Gujarat, India: CHETNA Ahmedabad, 2000. 27 p.

Identified needs and recommendations during the Rajasthan State Level Adolescent Fair on Reproductive and Sexual Health and Rights, 7-9 February 2002

- Clean toilets, first aid kits in schools
- Access to clean water – hand pumps in slums
- Facilities for vocational training
- Library, games, sports and stage facilities in villages
- Counsellors in schools
- Sex education training for teachers
- Adolescent surveys by NGOs instead of complete reliance on government
- Distribution of iron tablets and sanitary napkins in schools by NGOs
- Regular reproductive and sexual health training for programme managers
- NGO representation during government planning for adolescents every three years

National training equips master trainers to implement skill-building project on adolescence education

The National Council of Educational Research and Training (NCERT) organised two national training programmes for master trainers as part of its "Pilot Project on Skill Building in Adolescence Education" under the National Population Education Project. The first training was held at Thiruvanthapuram on 19-23 June 2002, and the second at Pune on 9-13 July 2002.

The training programme aimed to develop among the participants a better understanding of: adolescence education; the skill-building strategies to be tested during the pilot project implementation; and their expected roles as pilot project implementers.

In preparation for the training, participants were provided with a package of materials on adolescence education. During the training, they were assigned to discuss various topics ranging from physical development, to pregnancy and to HIV/AIDS prevention and control.

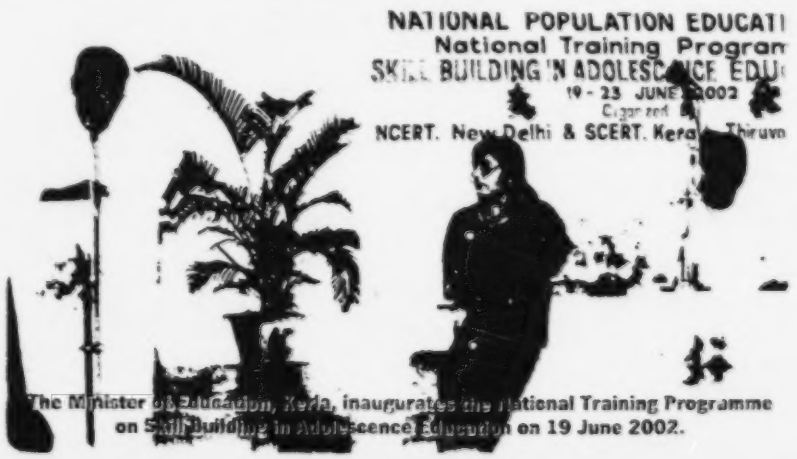
Training resource persons demonstrated how to run the following co-curricular activities in a real classroom situation: question box, value clarification, group discussion and role play. Two full sessions were devoted to student counselling with the help of a trained counsellor. These activities focused on developing communication skills, judgement and empathy among teachers while building analytical, interpersonal and negotiation skills among students.

Issues related to evaluation, report writing, process documentation and monitoring of project implementation were also discussed.

The training participants included: two project personnel from each of the six states involved in the project implementation; two faculty members from each of the 30 District Institutes of Educational Training; and other project personnel.

The master trainers will in turn train schoolteachers in conducting activities among their students. This is part of an experimental design that investigates the effectiveness of specific strategies in building skills related to adolescent sexual and reproductive health management. Three strategies, namely, co-curricular activities, peer education and teacher counselling, have been selected for testing. The pilot project is being implemented in selected schools of 30 districts under six states, namely, Gujarat, Kerala, Orissa, Rajasthan, Madhya Pradesh and Maharashtra.

Contributed by: Saroj Yadav, Professor, National Population Education Project, Department of Education in Social Sciences and Humanities, National Council of Educational Research and Training, New Delhi


NATIONAL POPULATION EDUCATI
National Training Progra
SKILL BUILDING IN ADOLESCENCE EDU
19 - 23 JUNE 2002
NCERT, New Delhi & SCERT, Kera Thiruva

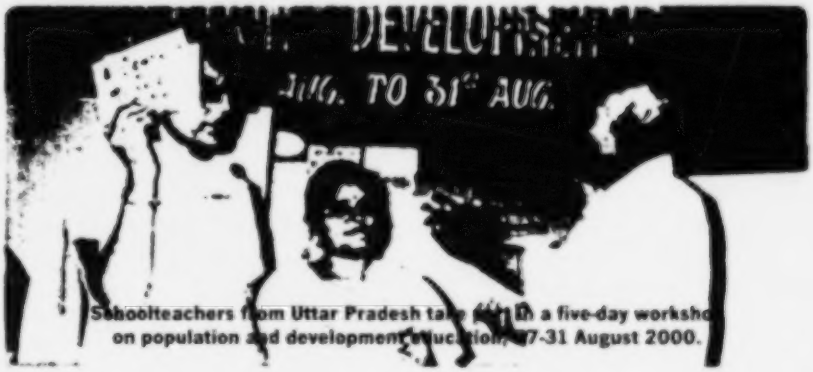
The Minister of Education, Kerala, inaugurates the National Training Programme on Skill Building in Adolescence Education on 19 June 2002.

Population and development education programme spreads across schools

The Population and Development Education Programme in India has now reached 130 schools, 600 teachers, 150 principals and 15,000 school adolescents in 13 states.

The first phase of the programme calls for training of teachers and principals. Teachers' training on life skills and counselling along with issues of sexuality, reproductive health and HIV/AIDS is an important inbuilt component of the programme.

Recently, 58 principals of Delhi central schools attended an orientation on the monitoring and implementation strategy of the programme. They presented a list of problems faced by adolescents, what their schools can do, what issues they would like to deal with, the best way to deal with these issues and other suggestions.



Schoolteachers from Uttar Pradesh take part in a five-day workshop on population and development education, 27-31 August 2000.

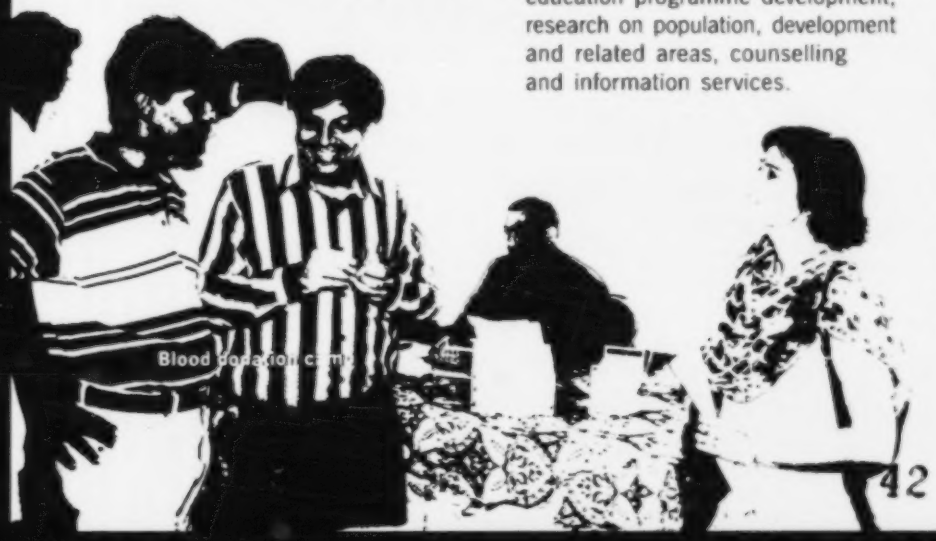
During the second phase of the programme, trained teachers will be training colleagues in their schools to increase the manpower needed to instil understanding of population, development and reproductive health issues among school children. In the third phase, the extent to which the programme has brought out attitudinal changes among school children will be evaluated. The project will initially cover Classes IX to XII and later extend to Classes VII to VIII.

Contributed by: Prema Sundararajan, Coordinator, Population and Development Education, Kendriya Vidyalaya Sangathan, New Delhi

PERC and DSACS organise HIV/AIDS advocacy workshop and blood donation in university

Recognising the importance of HIV/AIDS advocacy, two teams worked together to set up an HIV/AIDS advocacy workshop and a blood donation camp with on-the-spot counselling at the University of Delhi. These teams were the Population Education Resource Centre (PERC), Department of Adult Continuing Education and Extension of the University of Delhi, and the Delhi State AIDS Control Society (DSACS).

The advocacy workshop on HIV/AIDS was held on 19 October 2002. Nearly 250 participants from the departments and colleges of the University of Delhi as well as NGO representatives attended the workshop. Various organisations shared about their work in the areas of HIV/AIDS education programme development, research on population, development and related areas, counselling and information services.



Blood donation camp

The participants raised several questions on being HIV-positive and on people living with AIDS in Delhi.

Earlier, the blood donation camp drew contribution from 80 students, teachers and others. More than half of those who donated blood were between the ages of 10-25. Most were male. The Regional Blood Bank, Hindu Rao Hospital and Lions Club, Darya Ganj, helped the main organisers to arrange this camp on 1 October 2002. At the same time, the event attracted 250 people to avail of the counselling support offered by the Delhi University Helpline Counselling Services of PERC.

Contributed by: Rajesh, Senior Project Officer, Population Education Resource Centre, Department of Adult Continuing Education and Extension, University of Delhi, Delhi

Project orientation workshop pushes population studies and sexual health education to the fore

A three-day project orientation workshop was launched in Vientiane on 18-20 September 2002. The main objectives of the workshop were: to induce the overall policy for institutionalisation of population studies and sexual health education in the formal and non-formal education systems; and to draw up the operation plan for the implementation of the project. Seventy-two education stakeholders attended the workshop: cabinet heads of provincial administrative committees, deputy heads of provincial education services, heads of district education bureaus from ten project target provinces, and directors of various departments under the Ministry of Education (MOE).

H.E. Dr Bosengkham Vongdara, Vice Minister of Education, delivered the key address at the opening ceremony attended by Dr. Stephane Jey of UNFPA in Lao PDR and representatives from line ministries. He highlighted that the Government of Lao PDR has adopted the policy of keeping the balance between population growth and economic growth rates, striving to implement a birth spacing programme, reduce the maternal and child death rates, and strengthen adolescent reproductive health. The government has also promoted the policy of gender equality in society and the right of children to access universalised education. He highly appreciated the fact that the high officials of administrative committees from ten provinces attended the workshop, as they could grant impetus and strong support to the successful implementation of the project in the areas under their responsibility.

The speech of the UNFPA representative stressed on the continuing support of UNFPA for organising and integrating population studies, reproductive and sexual health, and life skills into the curricula and teaching and learning processes. UNFPA is pleased to join efforts with other international bodies, while the Ministry of Education of Lao PDR has given importance to UNFPA, UNICEF and GTZ in the implementation of the project.

The Government of Lao PDR has adopted the policy of keeping the balance between population growth and economic growth rates, striving to implement a birth spacing programme, reduce the maternal and child death rates and strengthen adolescent reproductive health.

During the workshop, the heads of various integrated population and development projects have been briefed about the implementation of the projects at central and local/ provincial levels. The members of the MOE Steering Committee for implementing the institutionalisation of population studies and sexual health education consisted of the Director General of the Department of General Education (DGE), the Director General of the National Research Institute for Educational Sciences (NRIES) and the Deputy Directors of DGE, DTT and DNFE. Presentations on adolescent reproductive health or sexual health education and life skills incorporated into the general education curricula, teacher training and non-formal courses of study were also delivered.

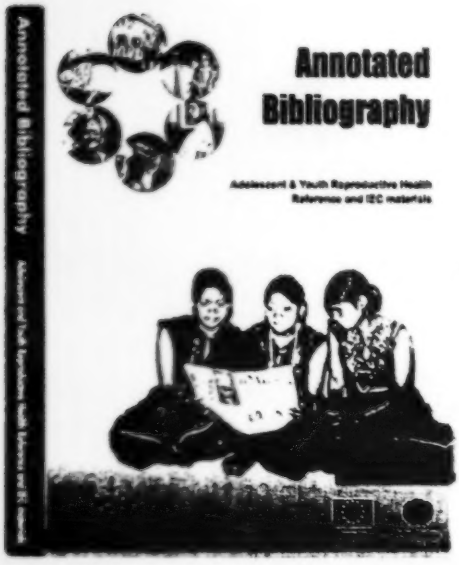
The participants were divided into small groups to discuss: the implementation situation of the last two phases of the population education project; life skills teaching-learning programmes (for prevention of HIV/AIDS, drug abuses and other risky behaviours) that are supported by different international agencies; and the perspectives of integration of various projects into the current programme. They promised to be ready to support the successful implementation of the present third phase, which will run until 2006.

The next three-day induction seminars will be conducted simultaneously in late October 2002 at provincial level in three areas – Luangprabang, Savannakhet and Vientiane provinces.

Contributed by: Khamphay Sisavanh, Director, National Research Institute for Education Sciences, Vientiane

NEPAL

Fresh from the press: annotated bibliography on adolescent and youth reproductive health



IEC materials, training resources and research reports – all these can be found in the annotated bibliography recently published by the EC/UNFPA-funded Reproductive Health Initiative in Nepal in close collaboration with the Department of Health Services, Ministry of Health. The bibliography features a comprehensive overview of 179 adolescent and youth reproductive health materials developed or prepared in Nepal, including summaries and pictures of the materials identified at the time of publication.

This bibliography aims to assist organisations, researchers and policymakers working on adolescent reproductive health and development in: using the available materials effectively; identifying information gaps and needs; and designing appropriate programmes and research activities.

For more information or to obtain a copy of the annotated bibliography, please contact the EC/UNFPA Reproductive Health Initiative Umbrella Project Office in Nepal (fax: 00977-1-535982, e-mail: rhinepal@rhi.org.np).

Contributed by: EC/UNFPA Reproductive Health Initiative, Umbrella Project Office, Nepal

PHILIPPINES

Sex, cutaneous lesions and what these kids did last summer

"Kuya, what are cutaneous lesions again?" asked Me Ann, a 17-year-old girl from Barangay 144, Pasay City. Me Ann was one of 15 young adults aged 14 to 25 who are holding a dry run to deliver reproductive health (RH) messages among their peers. Their peers in turn will convey the same messages to a broader audience in their community through rap contests on delaying sexual relationships, gender and sexuality, prevention of sexually transmitted infections and family planning. This is the result of what these kids and I did last summer.

We had a sex camp. None of us had sexual intercourse.

Last summer, exactly 100 youth members from ten Metro Manila cities gathered in a four-day sexuality camp at the *Pook ni Mariang Makiling* in Los Banos, Laguna. The boys and girls were members of the *Que Pa Sa'n Ka Pa Man RH YAN* (Cities of Quezon, Pasay, San Juan, Kalookan, Paranaque and Manila-Reproductive Health Youth Action Network) organised last year by the Women's Health Care Foundation (WHCF) with assistance from the David and Lucile Packard Foundation. The mission of the group was: to address unmet needs in sexual health information, education and communication of half of the youth population in their areas. The core message: "No Baby Before Twenty. Otherwise, space two years after each birth."

The camp was co-managed by ten youth leaders representing each of the communities and pre-trained in camp facilitation in Real, Quezon. They worked round-the-clock from distributing food and snacks, to facilitating discussions and games, physical arrangements and to chasing after campers who were either boyfriends and girlfriends or partners attempting to establish relationships!

In the camp, the young adults underwent four courses administered by medical trainers from WHCF: 1) Gender and Sexuality Relations; 2) Sexually Transmitted Infections and their Prevention; 3) Family Planning; and 4) Team Building.

In each course was a workshop on how to conceptualise and produce learning aids they believed would easily come across their peers, using of course, peer language.

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In Gender and Sexuality Relations, for example, each group used folk media to lighten heavy and technical subjects. One output was on homosexual involvement in protected sex, set to the tune of a local popular song. The lyrics *(below)* clearly suggested reproductive health and rights messages; that is, every sexual act should be free from coercion and should protect one from infection and/or unwanted pregnancy. It also asserted the gay right to equality and freedom from all forms of discrimination and the right to privacy.

Other more appropriately illustrated information materials were made during the Sexually Transmitted Infections/HIV-AIDS workshop. With only crayons, pens and paper, the groups were able to produce brochures on Hepatitis B, pubic lice, genital warts, AIDS, trichomoniasis, syphilis, gonorrhoea, monociliasis, chlamydiasis, fungal infection and genital herpes.

One of the brochures caught my attention. I asked the Barangay UP Campus group what they were trying to tell their audience about the two frail hands suspended from a man's penis. "We couldn't really imagine how painful it could be to have genital herpes, so we put those drooping hands," came the reply.

I was really impressed with how the youth groups responded to questions, especially those questions which they thought harmed the pride they put in their work. There was also an atmosphere of friendly competition.

On the third night of the camp, we lined up in a row. With each one holding a lighted candle, we climbed a 100-meter-high view deck to "arrest" a person living with AIDS. She resisted and recited her rights to life, health care, health protection and the benefits of scientific progress. We succeeded in the arrest, walked her to the pyre where she was condemned to die together with a gay and a womaniser, all infected with the virus. Against the background of a church choir singing a couple of pieces, the eerie night forest sounds

and the hair-raising mockery of the mob, the three pleaded for understanding and sympathy. They failed and were set on fire. The friends of the victims left the pyre facing the challenge to educate people about AIDS to prevent further loss of precious lives. We were celebrating the World AIDS Candlelight Memorial.

When the youth facilitators and I planned the camp, we made sure there was no room for a dull moment any time during the four days. In the evenings, we had team building games that were subsequently processed into organisational lessons and practices. "Dr. Quack Quack" was a favourite. It was an organisational game where each team in even number of members had their hands linked in disarray (projecting conflicts within the organisation). The team members resolved the conflict by disentangling the disarray as fast as they could without losing grip (internal conflict resolution). The game was then processed into leadership, openness and acceptance, following instructions and unity.

The camp was not without flaws. During the most participated discussion (Sexually Transmitted Infections and HIV/AIDS), the campers were so engrossed in the topics. The posters and video slides that were presented were graphic enough to have some campers lose their appetite for lunch.

Indeed, reaching half of the community by 2004 will continue to challenge us in this WHCF project. That is why I was encouraged when I chanced upon this 17-year old girl reading in our office one day. She picked up one of her index cards, faced it up to me with a big grin, "Kuya, cutaneous lesions!" It was now on top of her research list.

Contributed by: Celso F. Espaldon, Women's Health Care Foundation, Metro Manila

Promoting protected sex through a song

Filipino lyrics (sang to the tune of *Maging Sino Ka Man)*:

Mag-Condom Ka Lang

Huwag kang mag-isip isuot mo na
Mura na ito makaiiwas ka pa
Sa mga sakit na iyong kinatatakutan,
At kahit ano pa ang iyong kasarian,
Kung papayag ka,
basta't pagkondomin mo lang.
Mahal kita, pagka't mahal kita
Iniisip nila ay hindi mahalaga,
Mahal kita, kaya nag-condom ako.

English Translation:

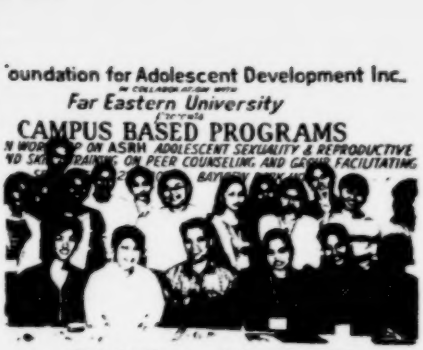
Just Wear Condoms

Have no second thoughts, wear it
It's inexpensive and preventive
Keeps away dreaded diseases,
Regardless of sexual orientation,
If you agree,
let your partner use a condom.
I love you because I love you
What others think doesn't matter,
I wore a condom 'cause I love you.

Adolescents lead the way to innovative reproductive health projects

Free eye check-up at TUP

Flying the banner for SEXTERS

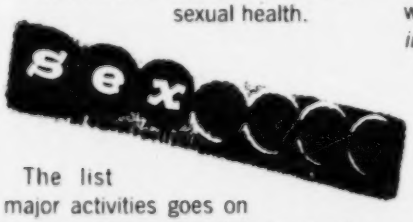


Orientation workshop for FEU

SEXTERS on the go

Barely a year and a few months since its training, the SEXTERS (Socially, Emotionally, Sexually Responsible Teeners) Core Group of the Campus-Based Programme of the Foundation for Adolescent Development (FAD) has been tirelessly initiating numerous projects that educate their fellow students about adolescent sexuality and reproductive health.

Every month, the SEXTERS Core Group in every partner school of FAD holds video shows with topics ranging from HIV/AIDS/STDs, sexuality and gender and violence against women, among others. A focus group discussion follows every viewing. SEXTERS also distribute fact sheets on adolescent reproductive and sexual health.



The list of major activities goes on and on: the establishment of SEXTERS Corner, a free eye check-up and a love poetry competition.

The SEXTERS Corner is a campus-based resource centre of educational materials including books, entertainment-education videos and pamphlets on sexuality and adolescent health. The Lyceum of the Philippines and the Technological University of the Philippines (TUP) have formally opened their respective corners, while the Mapua Institute of Technology is setting up another.

SEXTERS of TUP wasted no time to use their Corner as a venue for free eye check-ups and frames last August 2002. As study shows that three out of ten Filipinos have vision correction problems, TUP SEXTERS encouraged young people to address their eye problems long before these become serious. The activity was carried out in collaboration with Johnson and Johnson Vision Care.

The SEXTERS Core Group of TUP also spearheaded their first-ever love poetry competition with the theme "The Measurement of Love" on 25 September 2002. Winning entries were *Love's Real Measure, Loving You in Silence* and a Filipino poem that bagged the first prize – *Pag-ibig sa Construction Site* ("Love in a Construction Site"). Winners received cash prizes. A small group discussion on relationships ended the event. This activity reflected the Filipino youth's ideas about relationships while tapping the creativity and skills of students.

SEXTERS grow

More universities are joining the Campus-Based Programme of FAD, and this means more students will join the ranks of SEXTERS who are equipped in youth-to-youth education and communication. Recently, the Far Eastern University (FEU) and the Philippine Women's University (PWU) signified their participation through a Memorandum of Agreement signed on 14 August 2002 and 16 September 2002, respectively. As part of the agreement, FAD conducted the "Orientation Workshop

on Adolescent Sexuality and Reproductive Health and Training on Group Facilitating and Peer Counselling" at Bayview Hotel on 21-22 September 2002 for FEU and 5-6 October 2002 for PWU.

School administrators of FEU and PWU were pleased that their students could become part of the SEXTERS programme, which aims to enlighten and empower the youth about adolescent sexuality and reproductive health through value formation and correct information.

FAD also extends its training on adolescent sexual and reproductive health to faculty members, clinicians and non-SEXTERS in its partner schools.

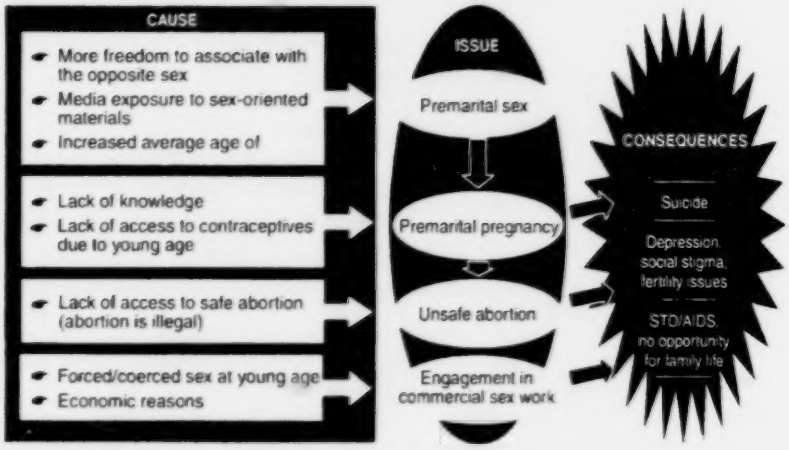
Contributed by: Precious Cundañgan, Editor-in-chief, CHANGE Newsletter, Foundation for Adolescent Development

FPASL tests model strategy for adolescent reproductive health education

"Strategies for Sexual and Reproductive Health of Adolescents and Youth 2000-2003" is a JOICFP/UNFPA-funded project for Asia. Under the project, Malaysia, Nepal and Sri Lanka were selected to pilot test adolescent reproductive health models to address country-specific needs.

The Family Planning Association of Sri Lanka (FPASL) was invited to spearhead the project in its country. To meet the challenge, FPASL analysed the pressing issues faced by the youth and conducted surveys among school youth and young workers in garment factories to identify needs and appropriate strategies. It was felt that the young were most comfortable discussing sexual and reproductive health issues with their own age group. Therefore, the establishment of youth or health clubs managed by peer educators in schools and workplaces was adopted as a model strategy for disseminating sexual and reproductive health information.

In line with the model strategy, youth clubs were initially set up in six schools and two free trade zones, where many young women work in garment factories. Since then, many activities have been completed to achieve a supportive environment for the implementation of the project and to provide sexual reproductive health knowledge and services. For example, key government officials, school administrators, teachers and parents as well as factory officials have been sensitised to support the project. The project even has the Ministry of Education's seal of approval as well as the full, active support of the National Institute of Education. Furthermore, youth club office bearers and members have been trained, and audiovisual facilities have been provided to each club. Also, peer educators have been making referrals to counselling services available in schools or health care providers.

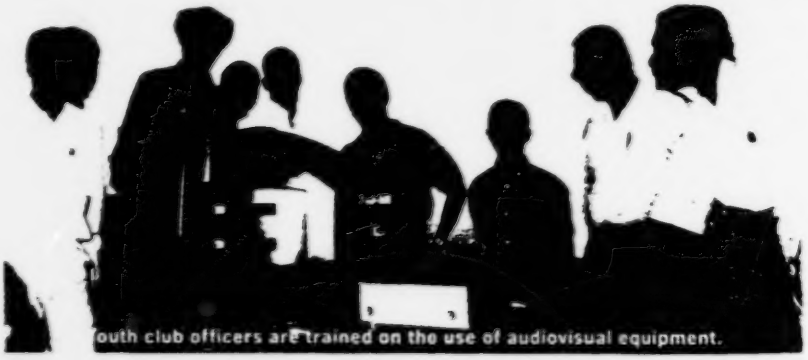


Sexual and reproductive health issues of youth in Sri Lanka: an analysis by FPASL

So far, a few lessons from the school component alone have been realised, such as the need for programmes that will make teachers recognise the value of maximum student participation. On the other hand, the enthusiasm and competency of student leaders in organising activities as well as the positive response of students and teachers alike towards sexual and reproductive health information have been most encouraging. The importance of appreciating cultural norms in implementing reproductive health activities also emerged as a key lesson.

As it enters its third quarter of implementation, the project is looking forward to conduct a youth camp, which would aim to change the youth attitude towards reproductive health.

Source: Sri Lanka: country paper presented at the ASRH Regional Workshop in Malaysia, 19-23 August 2002. 13 p.



Youth club officers are trained on the use of audiovisual equipment.

Lanka Mahila Samiti runs RH workshop back-to-back with health clinic for community

Youth of Angunukolapalassa Village, Hambantota District, participate in a reproductive health workshop.

The NGO Lanka Mahila Samiti launched a reproductive health (RH) workshop on 5 July 2002 and a health clinic the following day in Angunukolapalassa of Hambantota District (in the south of Sri Lanka, 250 km from the capital city of Colombo). Situated in the dry zone of the island, this village generates a very low income and has limited access to health care facilities. Suicides, rape cases and abortions are said to be more prevalent in the area compared with other districts.

Hooked to a fully booked workshop

A record number of 185 adults of both sexes and another 70 young male and female students from Mahanaga College, Angunukolapalassa, joined the RH workshop. In fact, a separate session on RH subjects was organised for students in another place on that same day because the main auditorium was already full. Participants showed much interest, posing various questions and anticipating more details. Even a few mothers carrying newborns refused to leave the workshop before its conclusion, as they found it to be very useful and interesting. Ninety per cent of the participants were between the ages of 18 and 35 years.

Health clinic: new to organisers, novel to users

For the first time in Lanka Mahila Samiti's programmes, a health clinic for the benefit of workshop participants was arranged the day after the RH workshop was held. The participants, who gained RH knowledge, also benefited easy access to medical treatment for their RH problems for which there would have not been a solution in their lifetime if not for the link between the workshop and the clinic.

Tracing its establishment back to 1930, Lanka Mahila Samiti is one of the oldest women's organisations in Sri Lanka. Since 1997, it has been conducting reproductive health programmes at grassroots level under the support of UNFPA. It expects to run the programme until 2006.

Contributed by: Jeevani Sugunadasa, Hon. Project Coordinator, SRL/02/21-06 RH Project, UNFPA/Lanka Mahila Samiti, Colombo

THAILAND

Making the emergency contraceptive pill more acceptable to students

What would increase students' acceptability of the emergency contraceptive pill? Better knowledge!

That was the answer of a study done in the school year 1999 among 454 male and female students in higher secondary schools within Bangkok. Statistical analyses performed to assess the levels of knowledge, attitudes to and acceptance of the emergency contraceptive pill among the students revealed the following trends:

Initially, students had low knowledge about the emergency contraceptive pill, but the majority of them perceived the pill as acceptable. After they were given information about the pill, acceptability levels increased some more, and male students changed their attitude to the pill from neutral to positive.

To some sexually experienced students (a fifth of the sample population), the emergency contraceptive pill was nothing new: more than half of the females and half of the males had used it.

Knowledge on and attitudes to the pill were the main factors influencing its acceptability. This suggests integrating information on emergency contraceptive pills in the school curriculum relevant to contraception.

Contributed by: Nongluk Roongsubin, Family Planning and Population Division, Department of Health, Ministry of Public Health, Bangkok

PDA workshop offers directions for adolescent reproductive health project

Adolescent participants of workshop discuss and present knowledge and life skills needed by Thai adolescents.

The Population and Community Development Association has been operating a new project on "Adolescent Reproductive Health Development through Collaboration of NGOs and GOs" in Phitsanulok province. A workshop for developing measurement tools, indicators and evaluation criteria for this project was organised on 11-13 September 2002. The participants included teachers, school and vocational school students, factory workers, provincial officers and academic officers from governmental organisations.

It was revealed during the workshop that most adolescents understood which behaviours were prohibited and encouraged in relation to reproductive health. Also, they recognised problems specific to their ages, such as unwanted sexual activities, unwanted pregnancies, drug use and others. However, they did not know how to avoid these problems. They relied on their parents and teachers to educate them on how to live safely rather than build their own capacity (or appropriate life skills) to recognise, confront and solve these problems.

The development of new programmes on life skills for avoiding unexpected and unwanted behaviours, specifically sexual behaviours, is therefore timely for Thai adolescents. For example, girls who decline from dating or boys who do not want to be involved with drugs must be equipped with refusal skills. Finally, adolescents must be provided with updated knowledge and information frequently.

Contributed by: Praween Payapvipapong, Vice President, Population and Community Development Association, Bangkok

A progress track of Friend Corner

The Department of Health (DOH) initiated the Friend Corner project in 2001 with the collaboration of regional and provincial health agencies. The project aims to increase accessibility and use of adolescent friendly health services and is contributing to decreased risky behaviour related to reproductive health.

The DOH envisioned at least one Friend Corner for each of the 75 Provincial Public Health Offices. So far, 24 Friend Corners in 24 provinces have been established and another 26 are being set up in 26 provinces. The evaluation reports of the first 24 provinces are underway.

Meanwhile, helpful lessons as well as suggestions have been drawn from the implementation of Friend Corners to date:

What is Friend Corner?

Adopting the concept of primary preventive care, Friend Corner is the outreach programme that screens adolescent health and refers adolescents with health problems to secondary health care posts. It welcomes all adolescents to visit and talk as well as avail of its various services (e.g., education, counselling, health care and others). It follows six principles:

Friend Corner respects privacy and confidentiality

1. **Target:** Adolescents in general
2. **Location:** Outside government premises
3. **Personnel:** Trained health personnel and adolescents
4. **Service hours:** Within and beyond office hours
5. **Activities:** Variety of activities to attract adolescents
6. **Services available:** Sex education and related health education, counselling, basic health care services and referral services.

Lessons learned from monitoring and supervising Friend Corners	Recommendations for improving Friend Corners
• This is the first time that the Department of Health has allocated a government budget for the implementation of a youth-friendly health service programme. The continuing support of DOH's policy is crucial for the programmes' sustainability. • To transform the Friend-Corner concept into action, DOH has guided the participating agencies with: *(i)* the keys to success of implementing an adolescent programme, *(ii)* the six broad principles of Friend Corner and *(iii)* examples of youth-friendly health service models. The DOH has also trained provincial staff on project implementation and plan of action, and allowed them to design Friend Corners that fit their local needs, thereby coming up with diverse models and settings. • In some provinces, the policy commitment of executive staff at regional and provincial levels seems to be related to the sustainability of Friend Corners. • The participation of adolescents makes Friend Corner in line with their needs. In some provinces, adolescents were involved since the beginning of the project. They participated in focus group discussions, or were involved in designing the services and decorating, or served as peer educators. • As implementation needs coordination and cooperation from both GOs and NGOs, networking and partnership among other local authorities is essential for future sustainability and promotion of social responsibility. • A high number of adolescent users were found in Friend Corners where outreach activities were extended to schools and health staff were active and devoted to adolescent activities.	• Develop models and explore the feasibility of Friend Corners in school and hospital settings. • Integrate activities into primary health-care units or collaborate with local government and communities to set up and operate Friend Corner. This will ensure sustainability in the new DOH health service system that provides technical support but limited financial aid to provinces. • Conduct an advocacy forum for executive and health staff in the areas of adolescent health development. • Emphasise training of adolescent-friendly providers to ensure the quality of services. • Involve adolescents from the start to provide input on planning, designing, improving and assessing Friend Corner. • Link outreach activities with schools and communities. • Use a variety of media and radio especially to advertise service information.

Contributed by: Suwanna Warakamin, Family Planning and Population Division, Department of Health, Ministry of Public Health, Bangkok

UZBEKISTAN

Uzbeks celebrate an eventful World Population Day

The World Population Day (WPD) was observed this year in Khiva, Khorezm region of Uzbekistan. UNFPA, together with UNESCO and Youth Fund *Kamolot*, organised a number of events in Ichan Kala ("Inside Fortress") of Khorezm. These included youth festivals, poster contests, applied art exhibitions, student performances on the theme of WPD, a puppet show performance, a seminar on reproductive health for youth, football and a concert. The theme for this year was "Poverty, Population and Development".

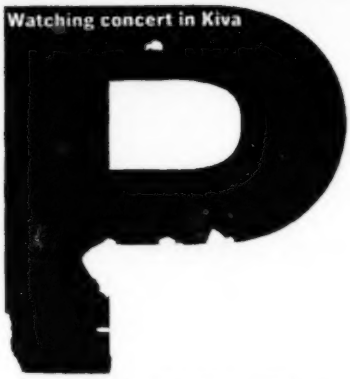
In the morning of 11 July, several simultaneous events started throughout Ichan Kala. Children, adolescents and adults took part in performances, contests and seminars devoted to the discussions of major issues related to the theme of the WPD. Participants and guests were given special informational materials. The materials, posters, badges and leaflets described briefly the purpose of observing WPD and expected outcomes of organising such events.

A concert of famous Khorezm and Tashkent singers took place in the evening. The celebration was broadcast on national television and radio.

Before the celebration, UNFPA, UNESCO and Kamolot conducted a press conference devoted to WPD. The organisers of the celebrations informed the journalists about the upcoming events and requested to disseminate the information in the region. UNFPA also supported a television programme, "Secrets of Family Life", devoted to WPD. The programme told about the life of two Uzbek families living in different conditions. The families spoke about their life addressing gender and family planning issues and how their economic status allowed them to meet the problems. The programme was broadcast on national television.

Ichan Kala Mausoleum

Watching concert in Kiva



Children's art exhi

Contributed by: Komiljon Akhmedov, National Project Coordinator, UNESCO-UNFPA IEC Project, Tashkent

VIETNAM

Adolescent abortions – why?

Induced abortion is a legal need in Vietnam. After 1989, a sharp increase in abortion rates was observed. Students accounted for 30 per cent of the abortions recorded in hospitals. In a recently published article, a sociologist revealed the reasons for student abortions based on interviews with four obstetricians handling abortions and 35 clients as well as their lovers. The study was conducted in Hanoi Gynaecology and Obstetric Hospital and the National Institute for Protection of Mother and Newborn.

The clients were of ages 18-25. They came for abortion, alone, or accompanied by girlfriends or boyfriends, but never by their parents. Only one parent was aware of the daughter's situation. For most, it was their first abortion. They had used calendar or withdrawal methods but never modern contraceptive methods such as pills or condoms. Eighty per cent of the clients were living away from home, that is, in lodging houses or hostels, and 32 per cent were living together with their boyfriends.

Subjective causes

Economic difficulties and lack of stable jobs led pregnant students to seek abortions even when they were not aware of the consequences. Some believed this the best way to protect themselves and their families from the harsh attitudes of the community towards extramarital pregnancy. Some were victims of relationships gone wrong or irresponsible boyfriends. There were also others who believed that love meant offering and sharing everything, and therefore felt no regrets in having abortions.

"I am now studying and my boyfriend has an unstable job... Both of our parents do not know that we live together and about my pregnancy."

– A girl in third year of studies

"When I got pregnant, I asked him for marriage but he said that was not the time and that would influence my study. He gave me money and asked me to have an abortion... Later, he loved another girl. I hate him and myself. It is now nearly three months that I am pregnant. Today, my girlfriend took me here [in the hospital to have an abortion]."

– A girl in fourth year of studies

Looking through objective lenses

When students moved away from their parents' supervision to an environment giving them more freedom, they could easily get into the trouble of unwanted pregnancy. The administrative processing of abortion, which did not require verification of names and addresses, posed no barrier for undergoing the procedure. The operation itself was not too expensive, making it increasingly accessible to a number of students.

It was no help that students had limited access to scientific information on gender, sexuality, sexual education and contraceptive methods, but were flooded with misinformation on sex and violence from movies alone. It was also noted that gender and sexuality education was not integrated in schools yet. The lack of cooperation between schools and parents compounded the problem even more.

It is now hoped that the understanding of the immediate and root causes behind student abortions will usher appropriate interventions to decrease abortion rates and complications among adolescents.

Source: Tran Thi Minh Thi. The causes of abortion for female students in Hanoi. Hanoi: Centre for Reproductive and Family Health, 2001. 2 p. (*Suc khoe inh san*, September 2001. pp. 34-35).

Documenting lessons learned from EC/UNFPA Reproductive Health Initiative in Vietnam

RHI overview

Since 1997, the EC/UNFPA Initiative for Reproductive Health in Asia (RHI) has been supporting adolescent reproductive health (ARH) projects implemented by partnerships between European NGOs and local institutions throughout Vietnam. An outline of all RHI projects in the country, their geographical targets, agencies involved and strategies of intervention is presented in a recent UNFPA publication, *Adolescent Reproductive Health Initiative Program 1998-2002*.

Reproductive Health Initiative Program
1998-2002
CARE INTERNATIONAL IN VIETNAM
STEPPING STONES
Capacity building for local organisations in the area of adolescent reproductive health in Viet Nam
Lessons Learned

The publication highlights the achievements and lessons learned under these four strategies of intervention adopted by the projects: *(i)* information, education and communication (IEC) for behaviour change on sexual and reproductive health; *(ii)* youth-friendly reproductive health service provision; *(iii)* advocacy and community mobilisation for ARH; and *(iv)* capacity building for implementing organisations

The complete report may be downloaded from http://www.asia-initiative.org/pdfs/ASRH_report_VN.pdf.

Stepping Stones in review

One of the RHI projects in Vietnam, "Stepping Stones", aimed to improve the capacity of local organisations to manage and implement ARH programmes. It was executed by CARE Germany and implemented by CARE International in Vietnam in collaboration with the People's Committee of Hanoi and eight local agencies that handled a total of six sub-projects with multi-pronged strategies of intervention. The monograph entitled *Stepping Stones: Capacity Building for Local Organisations in the area of Adolescent Reproductive Health in Viet Nam – Lessons Learned* shares comprehensive insights drawn by CARE in the process of building partnerships with some Vietnamese organisations in the context of the project. (To know more, e-mail carevn@care.org.vn)

P23/P54/P41 lessons in view

P23, P54 and P41 are RHI projects implemented in Vietnam by Nghi Loc District Women's Union in Nghe An and the Centre for Reproductive and Family Health (RaFH) in partnership with a European NGO, World Population Foundation. Recently, RaFH released an article that uncovers some lessons learned after four years of implementing these ARH projects:

Involving the whole community increases awareness and openness to ARH discussions. Interesting and enjoyable meetings and activities with adolescents and parents created an enabling environment for discussing otherwise sensitive issues of sexuality and reproductive health. Likewise, community-based activities helped increase the openness to, awareness and knowledge on ARH. While P41 mobilised different community groups to conduct various ARH activities in many locations, P54 and P23 created a resource base of communicators with fairly uniform skills to do the same.

Commitment to and community ownership of reproductive health interventions is critical for sustainability. It is essential to encourage a sense of commitment to increasing the understanding of reproductive health issues of young people and to providing them information. The communities' realisation of their responsibility to provide reproductive health information strengthened their sense of ownership and the value of reproductive health interventions. The potential for sustainability of reproductive health interventions is based on the belief that improving knowledge on ARH will improve the quality of life of adolescents, who are the future adults of the community.

Increasing the quality of community health care services leads to higher utilisation of health services. The improvement of service quality and incorporation of youth-friendly services into existing public sector facilities through P54 and P41 resulted to increased visits for clinical services and counselling. More importantly, the projects taught people to seek community health-care services not just when they are ill, but also for information.

Sources: Centre for Population Studies and Information; Centre for Reproductive and Family Health, Hanoi

PO Zorgaa: Mongolia's success story in sexuality education

Sexuality education in primary and secondary schools in Mongolia developed out of the government's adoption of a preventive approach to public health care in 1997. In line with this initiative, a comprehensive health-education curriculum with ten thematic areas was created; one of those areas was reproductive health. The curriculum for reproductive health aimed to reduce risk-taking behaviour of Mongolian adolescents and consequently, reduce rates of adolescent pregnancy, sexually transmitted diseases, physical abuse and abortion.

The eventual team-up of the government and the United Nations Population Fund (UNFPA) to implement the reproductive health curriculum gave birth to the "Mongolian Adolescent Reproductive Health Project", more popularly known as *PO Zorgaa* ("Project Zero Six").

The project has been commended for three reasons: *(i)* It made a policy decision to support sexuality education for every Mongolian child, starting from the third grade. *(ii)* It invested in training a team of local experts rather than rely solely on external experts to respond to the needs of adolescents. *(iii)* It recognised and emphasised the role of gender dynamics on sexual decision-making.

Four original components of PO Zorgaa

1. Formal education (implementing the reproductive health curriculum through a pilot programme in selected schools and then making it available nationwide)
2. Informal education through collaboration with non-governmental organisations to reach out-of-school youth
3. Information and communication through print and electronic media
4. Clinical services

Implementing PO Zorgaa

Initially, the PO Zorgaa team raised two major concerns: First, the existing reproductive health curriculum was based on limited and outdated information. Second, there were no sexuality education experts in Mongolia. Based on these two drawbacks, the project team recommended the training of an initial corps of "master trainers" or experts on sexual and reproductive health education. This group, consisting of 20 participants, would take charge of revising the curriculum, learn how to train schoolteachers to teach the curriculum, field-test and refine it and conduct training sessions for the teachers.

The master training course. The training was broken down as follows: 3.5 weeks on sexuality and gender; 2.5 weeks on teacher-training skills; a week on counselling; ten hours of practice teaching to secondary school students; and two to three weeks of supervised training of schoolteachers. The training on sexuality and gender underscored psychosocial issues, communication and decision-making in relationships, gender roles, sexual orientation, sexual behaviours and sexual violence. It also covered sessions on technical information, such as anatomy and physiology, fertility awareness, contraception and abortion, among others. The training

Topics in the final reproductive health curriculum for Mongolian schools

Age	Grade	Topics
9-10	3	Gender roles; anatomy and physiology
10-11	4	Feelings; puberty changes (physical and emotional); menstruation; wet dreams
11-12	5	Friendships; peer pressure and decision-making; self-esteem
12-13	6	Society and messages about sexuality; communication basics; assertive communication; values
13-14	7	Diversity; love; communication and consent; managing stress; rape; date rape
14-15	8	Anatomy and physiology II; conception and pregnancy; abstinence; condoms; contraception; breast/testicular self-exams
15-16	9	Communication on safer sex and condom use; refusal skills; sexual identity and orientation; sexual relationships and behaviour; risk assessment; safer sex and alcohol
16-17	10	Marriage, commitments, child-rearing; goal setting; prenatal care and childbirth; sexuality in life cycle; HIV/AIDS/STIs

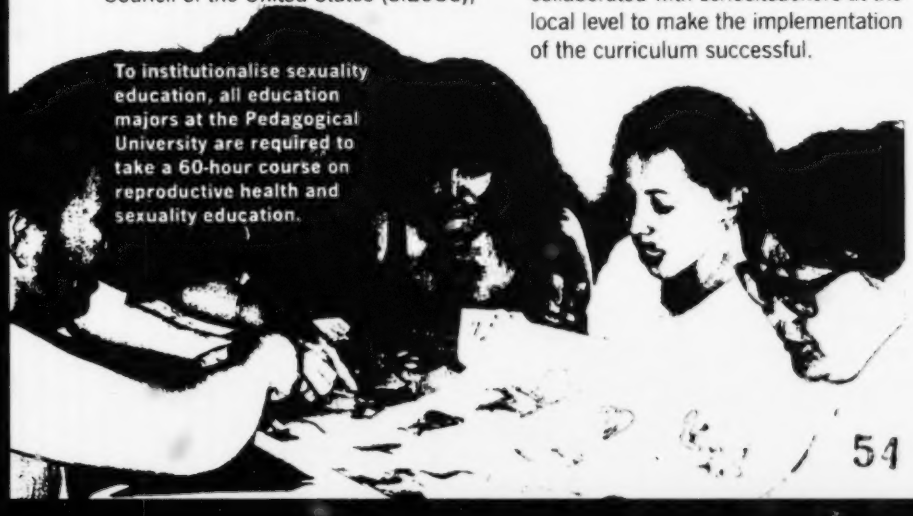
on teacher-training skills and counselling focused on interactive approaches because personal engagement of learners was necessary to promote real change.

Curriculum development and testing. In the course of the master training, the participants started revising the curriculum through a two-week workshop. The master trainers faced the following tasks: assessing topics to be covered with students of each age group; defining the appropriate learning objectives at each grade level; developing the lesson plans for Mongolia's coeducational schools; designing a curriculum that is appropriate or adaptable to urban and rural lifestyles; and identifying appropriate terminology in the Mongolian language.

Based on the structure of their own master training and the curriculum guidelines developed by the Sexuality Information and Education Council of the United States (SIECUS), the team initially came up with 37 topics on adolescence, gender roles and decision-making. The technical topics like anatomy, physiology and contraception comprised a minority in the curriculum. Because Mongolian women were generally more educated than men, gender-related problems were perceived to arise. In fact, many of the lessons developed were seen through the lens of gender issues as these were often at the heart of intersecting social and technical topics.

After the list had been drawn up, the master trainers' next task was to identify the sets of information that would be appropriate for each grade level. The team planned to introduce sexuality education at Grade 3 level then continue and reinforce it from Grades 4 through 10.

The draft curriculum went through a series of revisions based on field-test results and feedback from the government. The project team closely collaborated with schoolteachers at the local level to make the implementation of the curriculum successful.



To institutionalise sexuality education, all education majors at the Pedagogical University are required to take a 60-hour course on reproductive health and sexuality education.

To make the curriculum more acceptable among schoolteachers and parents, the team identified eight potentially sensitive topics as optional or elective – sexual harassment, child sexual abuse, decision-making about sex, abortion, masturbation, family or domestic violence, human sexual response and responsible sexual relationships. Despite their reclassification, the materials for these topics were included in the published curriculum, and master trainers included them in the teacher-training courses. Also, many controversial topics were retained in the standard curriculum.

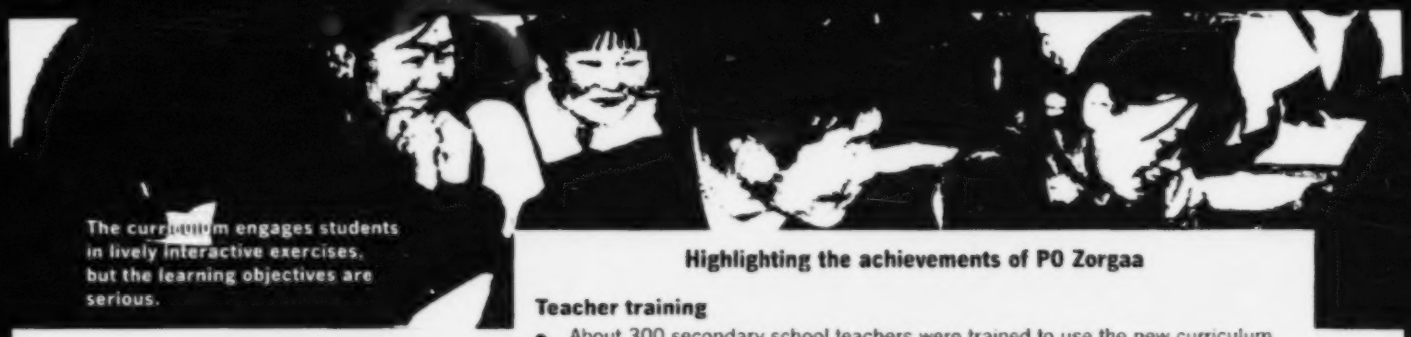
Major achievements

Teacher training. As of early 2002, the master trainers had trained about 300 secondary school teachers to teach the new curriculum. The first training in 1999, conducted by four master trainers, benefited 25 teachers from 12 pilot schools only. Later, the training expanded to include teachers beyond the pilot schools as well as health professionals. The government now aims to provide each of the 683 secondary schools in Mongolia with at least one sexuality educator.

Like the master trainers, the teachers were enthusiastic about the training's participatory learning climate, which was radically different from the lecture style that was typical in Mongolian schools.

In addition, the project team and the Ministry of Education had joined hands in including sexuality education in teacher-training programmes in universities, initially at the Pedagogical University in Ulaanbaatar.

Reaching young people. Students were of the opinion that the new curriculum offered them otherwise inaccessible, but highly relevant information on sexuality. Although they believed that relative gender equity exists in Mongolia, the most compelling issues they cited had clear gender dimensions: sexual violence, unwanted pregnancy, STIs, and communication and decision-making in relationships. They expressed a desire



The curriculum engages students in lively interactive exercises, but the learning objectives are serious.

Highlighting the achievements of PO Zorgaa

Teacher training

- About 300 secondary school teachers were trained to use the new curriculum
- About 60 per cent of schools now offer the curriculum
- Sexuality education in teacher-training programmes: a 60-hour course on reproductive health and sexuality education is now required for primary school education majors at the Pedagogical University in Ulaanbaatar

Reaching young people

- Special sessions on selected topics such as gender roles had been conducted outside the classrooms (e.g., summer camp)
- Publication of *UerkheLove* – newspaper for teenagers

for more class time, resources and information on something that is "more important than anything else we learned in school," as Erkemtuya, a 17-year-old girl from Ulaanbaatar, would put it.

Some teachers had offered the curriculum through out-of-school activities, such as the summer camp organised in June 2002 for about 60 12-year-olds.

In addition, an information, education and communication (IEC) component of PO Zorgaa had been complementing its school-based curriculum. Since 1998 the eight-page newspaper called *UerkheLove* had been issued four times a year, with a different theme for each issue. To produce the newspaper, an IEC officer had been working with a board of teenagers, who over the years had increasingly contributed to the publication, not only by helping choose topics for articles but also by writing parts of the question-and-answer pages. The newspaper had been distributed primarily through schools and youth-oriented organisations.

Challenges and lessons

Like other projects, PO Zorgaa must hurdle a number of challenges: more classroom hours; revising the curriculum; more and better resources for adolescents as well as for parents; clinical services for adolescents; and wider reach of the curriculum.

PO Zorgaa: facing challenges in sexuality education

1 **Increasing classroom hours from the existing five or six hours per year**
The Ministry of Education plans to expand time allocation in 2003. The project staff, on its part, will launch a campaign for more hours.

2 **Revising the curriculum**
A new edition of the curriculum will be distributed if the number of hours is increased. In addition, electives may be reclassified and included in the core curriculum.

3 **More and better resources for adolescents**
More written materials are needed in addition to two existing textbooks for primary and secondary schools and two English books translated into Mongolian.

4 **Resources for parents**
Parents' knowledge must be strengthened for their benefit and to encourage communication with children and support for children's education. Initially, the staff has developed a book to help parents communicate with their children regarding sexuality-related matters.

5 **Clinical services for adolescents**
PO Zorgaa is collaborating with another project open eight pilot clinics in 2002.

6 **Outreach to out-of-school youth and larger public**
Financial constraints impede training of NGOs and volunteers and the distribution of materials. Radio and television programmes are expected to expand project reach.

Based on the outcome of PO Zorgaa so far, a number of lessons can be drawn. First, even when gender inequity is relatively moderate, unwanted sex and gender roles are still among the pressing concerns of adolescents, particularly girls. Second, written materials are relatively inexpensive for reaching adolescents in areas with relatively high adolescent literacy rates. Third, local experts on reproductive health and sexuality education are vital for a culturally relevant and appropriate curriculum. Fourth, parental opposition to sexuality education may be nonexistent in some settings; many parents were even grateful for the kind of education PO Zorgaa offered. Lastly, many teachers, given the proper training, will choose to teach sensitive and elective topics.

What the project had accomplished beyond its aims was summed up by Linda Demers, a UNFPA representative working closely with the PO Zorgaa: "This project is bringing new approaches to sexuality education, and stimulating strategic changes in the way sexuality education is dealt with; and truly building national capacity."

Source: Barcelona, Delia; Laski, Laura; Gerdts, Caitlin. Universal sexuality education in Mongolia: educating today to protect tomorrow. New York: Population Council, 2002, 34 p. (Quality/Calidad/Qualité no. 12, 2002).

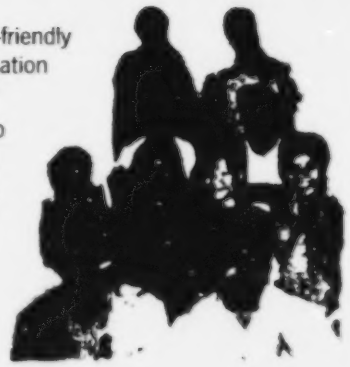
Malaysian youth take active role in sexual and reproductive health agenda

Malaysian youth have been actively involved in policy, design and delivery of sexual and reproductive health services through the support of the Malaysian NGO Coordinating Committee for Reproductive Health (MNCCRH). The Committee believes that young people's involvement is necessary in order to better protect their sexual and reproductive health. Comprising umbrella organisations dealing with sexual and reproductive health, the MNCCRH organised the "National Youth Seminar on Youth-friendly Sexual and Reproductive Health Programme – the National Youth Agenda with International Perspectives" on 8-11 August 2002 in Subang Jaya, Selangor, Malaysia. The seminar sought to rally all stakeholders in sharing, reviewing and developing a national plan of action on a youth-friendly sexual and reproductive health (SRH) programme.

Malaysian national youth agenda for sexual and reproductive health (August 2002)

Advocacy

- A relevant, comprehensive and youth-friendly sexual and reproductive health education syllabus taught in and out of school
- Young people should be able to communicate their needs and opinions to the government in safe, confidential and youth-friendly ways.
- The National Youth Policy should be comprehensive, involving inter-ministerial collaboration catering to youth SRH needs and issues.



Youth-friendly services

- Involvement and participation of young people at all levels of SRH programme planning, implementation and evaluation
- Translation of National Adolescent Health Policy to all ministerial programmes
- Introduction of SRH education to the national co-curriculum as soon as possible and as early as possible

Rights

- Youth, parents, teachers and all relevant parties in society must recognise and be aware of the rights, roles and responsibilities of youth and their contribution to society and the development of the nation.
- The government must initiate, improve and increase access to youth-friendly healthcare services.
- The rights of youth as outlined in the United Nations Convention on the Rights of the Child (CRC) must be recognised, and consistently and persistently brought to the attention of youth, policy and decision makers in government and the private sector, as well as all relevant parties.

The 196 participants in the seminar came from all over Malaysia as well as Bangladesh, Mauritius, Myanmar, Nepal, Nigeria, Singapore and Zambia. Sixty-five per cent were aged 24 and below, and several of them served as speakers and facilitators. Other youth were involved in running the seminar, drafting the workshop outputs and formulating the National Youth Agenda on SRH Programme.

In his opening address, YB Datuk Ong Tee Keat, Deputy Minister of Youth and Sports, stressed on the importance of providing young people with a supportive environment for adopting healthy behaviours. He called for greater partnerships of all stakeholders, as youth development is a joint responsibility of all sectors and generations.

Adding a youthful flavour to the opening ceremony was the confident voice of 16-year-old Lim Qin Ru, President of Stargate Club of Melaka Family Planning Association.

Following their deliberations on three thematic issues – advocacy, youth-friendly services and rights of young people – the young participants formulated the National Youth Agenda and committed as partners in fulfilling it. The agenda basically called for: introduction of youth-friendly education on SRH, improved communication channels, mainstreaming of youth-related policies in all ministries, involvement and participation of young people at all levels of SRH programmes, increase access to youth-friendly healthcare services and the recognition of the rights of youth.

Source: Malaysian NGO Coordinating Committee for Reproductive Health. Executive summary of the National Youth Seminar on Youth-friendly Sexual and Reproductive Health Programme – The National Youth Agenda with International Perspectives, 8-11 August 2002, Selangor, Malaysia, 3 p.

Understanding and building life skills of adolescents

"Helping individuals enhance their life skills for negotiating rationally and effectively is indeed a challenge for all those interested in helping young people see a better tomorrow," writes Mridula Seth in the document entitled *Enabling Adolescents to Build Life Skills*. In the first part of this document, the author provides a conceptual framework of life skills and guidelines for enhancing these skills. A summary is presented below.

Life skills: an overview

The World Health Organisation (WHO) defines life skills as the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. For adolescents, challenges may include drug and alcohol use, pregnancy, sexually transmitted diseases such as AIDS, and other health-related problems. Life skills consist of thinking, social and negotiation skills.

Thinking skills cannot be separated from critical thinking, which is the ability to seek reasons and alternatives, perceive the total situation and change one's perspective given the facts.

Social skills foster adolescents' acceptance in society as well as their acceptance of standards or norms of social conduct. Cose or satisfying relationships with peers are crucial for children to learn social skills that are important throughout their lives. These skills include those needed to initiate and maintain social relationships and to resolve conflicts.

Negotiation skills are the outcome of thinking and social skills. Negotiation with self concerns decisions regarding people and activities to be involved with, extent of involvement and when and how to detach. It is a prerequisite to negotiation with others. Adolescents' ability to cultivate a healthy and happy lifestyle and overcome peer pressure depends on how their negotiating skills have been developed.

Approaches to building life skills

Content approach: focusing on subject area (e.g., HIV/AIDs)

Thematic approach: building information and experiences around a theme (e.g., theme: understanding self; sub-theme: understanding our bodies)

Activity approach: experiential learning through specific activities (e.g., role play, debate and quiz)

Enhancing life skills

Enhanced life skills lead to enhanced self-esteem, self-confidence, assertiveness, social sensitivity, listening and communication skills, ability to establish relationships and ability to plan and set goals. Two sets of conditions are required to enhance life skills: External conditions pertain to the environment, skill instruction and information. Internal conditions are those that impact on behaviour.

Enhancing thinking skills. In the classroom setting, skills are enhanced in an environment characterised by: reflections of real-life situations and contexts; collaboration among teachers, disciplines and students; encouragement of curiosity, exploration and investigation; responsibility of learning vested in the learner; failure viewed as a learning opportunity; and acknowledgment of effort, not just performance. The teacher and facilitator's behaviours therefore significantly affect learners' thinking skills. Positive behaviours include: requiring justification for ideas and probing for reasoning strategies; confronting learners with alternatives and thought-provoking questions; asking open-ended questions; requiring learners to be accountable for class discussion; and serving as a master of apprentices rather than a teacher of students in vocational education.

. life skills . life skills . life skills .
life skills . life skills . life skills .
Thinking skills
Self-awareness
Social awareness
Goal setting
Problem solving
Decision-making
Social skills
Building positive relationships with friends and family
Listening and communicating effectively
Taking responsibility
Coping with stress
Negotiation skills
. life skills . life skills . life skills .
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Suggested strategies for teaching critical thinking (Bonnie, 1994)

- *Building categories:* discovering grouping rules rather than memorising them
- *Finding problems:* framing tasks using skills similar to those needed for problems in life
- *Enhancing the environment:* arranging a physical and intellectual setting to encourage discovery (e.g., suitable seating arrangement)

Other suggested methods to enhance critical thinking

- *Critical reading*
- *Writing to learn* (first order or free writing: unplanned to help students discover what they think about a topic; second order: examination of inferences and prejudices, drive towards logic and control)
- *Classification games:* identifying attributes and sorting by some rule

The literature also points out that outdoor inquiry can help develop the skills and dispositions of thinking. Specific activities include meeting experts on the job, examining natural and cultural objects, and using outdoor social groups.

In addition, some researchers emphasise that classrooms must provide an environment that provides modelling, rehearsal and coaching for students and teachers. The conditions include: giving time for students to respond and for the teacher to wait after a student replies; regular intervals of silence during explanations; and teachers' tolerance for "conflict" or confrontation in the classrooms.

Guidelines for teaching teamwork skills

- Let the adolescents see the need for the teamwork skill. Ask suggestions from them regarding the skills they need to work together more effectively. Role play in such a way that the suggested skill is missing to highlight the need for such skill.
- Let adolescents understand what the skill is, how to engage in the skill and when to use the skill. Define the skill with actual verbal and non-verbal behaviours.
- Set up practice situations to encourage mastery of the skill.
- Give feedback on the learner's use of the skill; and let the learner reflect on how to engage in the skill more effectively next time.
- Ensure perseverance in practising the skill until it seems a natural action.

Enhancing social skills. Among the conditions for enhancing social skills are familiarisation and trust building, accurate and unambiguous communication, acceptance and support and constructive conflict resolution. Pro-social skills can be learned by increasing opportunities for adolescents to interact within and outside the school environment. These skills include taking turns, working with partners, increasing positive relationships, demonstrating positive verbal and non-verbal relationships, showing interest and care and settling conflicts without fighting.

Another effective method of enhancing social skills is by cooperative learning. Through this method, students learn both academic subject matter (task work) and the interpersonal and small group skills needed as part of a team (teamwork).

Teamwork or interpersonal action among students requires: an opportunity for them to work cooperatively (where teamwork skills can be manifested); a motivation to engage in teamwork skills (or a reason that makes students believe that these skills are beneficial); and some proficiency in using these skills.

How life skills actually come into play in a real-life situation is illustrated by taking HIV/AIDS-related issues:

Life skills in HIV/AIDS

(EFA 2000 Regional Conference in Bangkok)

Thinking skills

- How to make sound decisions about relationships and sexual interactions and stand up for those decisions
- How to deal with pressures for unwanted sex or drugs
- How to recognise a situation that might turn risky or violent

Social skills

- How and where to ask for help and support
- How to show compassion and solidarity for people with HIV/AIDS
- How to care for people with AIDS in the family and community

Negotiation skills

- When ready for sexual relationship, how to negotiate for protected or safer sex

Source: Seth, Mridula. Enabling adolescents to build life skills. Part 1 – Understanding concepts... evolving strategies. New Delhi: UNFPA, 2002. 19 p.

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